

### **A.A.U. TOURNAMENT**



# 8TH ANNUAL RIVER CITY INVITATIONAL YOUTH BASKETBALL TOURNAMENT

#### **Dear Coaches:**

Please find enclosed information regarding the upcoming Post Falls River City Challenge. **Dates selected for this tournament are December 8<sup>th</sup>, 9<sup>th</sup> & 10<sup>th</sup> for boys, and March 9<sup>th</sup>, 10<sup>th</sup> & 11<sup>th</sup> for girls. The tournament is open to those individuals in grades 6th, 7th, and 8th.** 

The attached registration form must be postmarked by November 21<sup>st</sup> for the boys, and February 23<sup>rd</sup> for the girls. Early registration is encouraged, as each grade group will be limited to eight (8) teams.

If you have any questions, please call our office at (208) 773-0539, Mon. - Fri. between the hours of 8:00 AM and 5:00 PM. Our FAX number is (208) 773-2505.

Hope to see you at the tournament!

Sincerely,

Traci Stevenson
Post Falls Parks & Recreation Department

## 8<sup>th</sup> Annual Post Falls River City Invitational Youth AAU Basketball Tournament

**BOYS:** December 8<sup>th</sup>, 9<sup>th</sup> & 10<sup>th</sup>

**SPONSOR:** Post Falls Parks and Recreation Department

SITE: Post Falls, Idaho

**GRADES:** 6<sup>th</sup> Grade Boys 8 Teams Maximum

7<sup>th</sup> Grade Boys 8 Teams Maximum 8<sup>th</sup> Grade Boys 8 Teams Maximum

Verification of grade levels for each participant is the responsibility of the head coach.

**DEADLINE:** Entries must be post marked by November 21, 2000

**ENTRY:** \$175 per team

Make check payable to: City of Post Falls

Send to: Post Falls Parks And Recreation Department

408 Spokane Street Post Falls, Idaho 83854 Fax No. (208) 773-2505

**ADMISSION:** \$5/Family pass per day

\$5/Family pass per day \$15 for a 3/day family pass \$2/Adult per day \$5 per adult for a 3 day pass

\$1/child per day

**GAMES:** All teams will be guaranteed four (4) games. Tournament is run in pool play.

**TIMES:** \* Friday Evening: Starts at 6:00pm

Saturday: Starts at 8:00am Sunday: Starts at 9:00am

\*\*\*\*\* Please note the last game on Friday will START at 10:00pm \*\*\*\*\*

GYMS: Key: P Ponderosa Elementary School Ponderosa Blvd.

S Seltice Elementary School 12<sup>th</sup> & Nelson PFMS Post Falls Middle School 11<sup>th</sup> & Compton

**INSURANCE:** Each player is responsible for their own medical coverage. Parents/legal guardians will have to sign a wavier for the Post Falls Parks and Recreation Department. Coaches must turn in ALL medical release forms with their complete packet.

**AWARDS:** The championship team in each grade division will receive a trophy and a team plaque. The second place team in each grade division will receive medals and a team plaque.

**REFUNDS:** If you withdraw your team from the tournament prior to the postmarked date of Feb. 3, 2000 by 5:00pm, you may be issued a refund, less a processing fee of \$25.00. No refunds will be issued after Feb. 3<sup>rd</sup>, unless there is another team on the waiting list to take your place. If your team can be replaced by another team on the waiting list, you would receive a refund, less a processing fee of \$25.00. If there are no teams on the waiting list, there will be no refunds.

**ROSTER CHANGES:** No roster changes will be allowed less than 7 days prior to the tournament.

**CANCELATTION:** If there are less than 5 teams in a division, the tournament will be canceled for that age bracket.

**SHIRTS:** Shirts will be available at the door for \$10.00. Please let our department know by phone or letter, if you would like to reserve a shirt.



<b>POST FALLS PARK</b>	S AND RECREATION DEPARTMENT	(208) 773-0539 PHONE
		(208) 773-2505 FAX
GRADE	TEAM NAME:	_
(Places Print or Type)	TEAM COLODS:	

### A.A.U. 8TH ANNUAL RIVER CITY INVITATIONAL YOUTH BASKETBALL TOURNAMENT

\*\*\* No roster changes will be allowed less than 7 days prior to tournament. \*\*\*

NAME (First & Last)	A.A.U. #	BIRTHDATE	SCHOOL PHONE #	GRADE	HOME CITY	UNIFORM #	HEIGHT
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

### PLEASE COMPLETE THIS FORM AND MAIL WITH ENTRY FORM TO:

Post Falls Parks and Recreation Department ATTN: Traci Stevenson 408 Spokane Street Post Falls, ID 83854

Data/Faye/AAUROST

## I CERTIFY THAT ALL INFORMATION IS CORRECT AND EACH ATHLETE LISTED ON ROSTER HAS AN A.A.U. CARD

Coach's signature: Coach's name:		
Address:		
Phone: Assistant Coach:	(Home)	(Work)