



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 8th, 9th & 10th for boys, and March 9th, 10th & 11th for girls.** The tournament is open to those individuals in grades 6th, 7th, and 8th.

The attached registration form must be postmarked by November 21st for the boys, and February 23rd 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

BOYS: December 8th, 9th & 10th

GRADES:	6 th Grade Boys	8 Teams Maximum
	7 th Grade Boys	8 Teams Maximum
	8 th Grade Boys	8 Teams Maximum

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.



POST FALLS PARKS AND RECREATION DEPARTMENT

(208) 773-0539 PHONE

(208) 773-2505 FAX

GRADE _____ TEAM NAME: _____
 (Please Print or Type) TEAM COLORS: _____

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*** 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/AAUOST

**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: _____ (Home) _____ (Work)

Assistant Coach: _____