

IOWA AAU STATE BASKETBALL CHAMPIONSHIPS

OFFICIAL ENTRY BLANK

DIVISION Boys Girls Circle one → Division I Division II Division III

GRADE	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th	<input type="checkbox"/> 5th	<input type="checkbox"/> 6th
tourney	<input type="checkbox"/> 7th	<input type="checkbox"/> 8th	<input type="checkbox"/> 9th	<input type="checkbox"/> 10th	<input type="checkbox"/> 11th	<input type="checkbox"/> 12th

Please type or print clearly!

Team Name _____ Team/Club # _____

Head Coach			
Address			
City, State, Zip			
Phone Numbers →	Home:	Work:	Cell:
E-mail:	Fax Number:		

ROSTER OF PLAYERS

Name	Date of Birth	School	Grade	AAU Number
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				
8. _____				
9. _____				
10. _____				
11. _____				
12. _____				
13. _____				
14. _____				
15. _____				

NOTE: Roster may be changed at time of Registration. Entry fee must accompany this entry form. Athlete and Club Memberships should be purchased from Iowa AAU. I certify that the above information is complete and accurate.

Coach

School Official Signature