

Club Name: _____
 Club Code #: _____ TEAM NAME

Age Division: _____ Asst. Coach: _____

Review before Sending. Clearly type or print all information. Send copy of completed original team roster form. AAU Number: _____
 Asst. Coach: _____

AAU Number: _____

Asst. Coach: _____

AAU Number: _____

Send to:
Gloria Hall
MI AAU Boys BB Secretary
2406 Romence Road
Portage, MI 49024

Michigan AAU Boys Basketball Form 1 2020 Association Championship Roster

Head Coach: _____

AAU #: _____

Complete Address: _____

Home Phone: _____

Work Phone: _____

Fax Number: _____

Email for contact: _____

	NAME	N O	Birthdate	<u>DO NOT</u> SIGN HERE UNTIL CHECK-IN	AAU#	G R	A G E	PLAYER SIGNATURE(*)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

(*) In signing, I verify that I am a registered amateur athlete according to the AAU Code, that in consideration of you accepting this entry, I, my heirs, executors and administrators, intending to be legally bound hereby wave and release any and all rights I may have against the Amateur Athletic Union, the Michigan Association of the AAU, the Host Organization and their representatives for any and all injuries suffered by me at said championships.

(**) False or incomplete paperwork forfeits tournament and entry fee

(**) Head Coach: _____
 (Signature in Ink)

(**) Assistant Coach: _____
 (Signature in ink)