
6th Annual Battle for the North State

AAU Inter District Sanctioned Tournament

Hosted by Shasta Magic Athletics

Tournament Information Flyer

Come visit the beautiful city of Redding, CA. Home of beautiful lakes, surrounding mountains, the amenities of a big city, easy access on I-5, and great basketball facilities.

Grades: 5th grade through Varsity

Dates: Girls and Boys Tournament April 24-25, 2010

Location: Redding, CA

Entry Fee: \$300 per team, multiple team discounts available

Tournament

Director/Contact: Lawrence J. Wingate

Shasta Magic Director 530-224-1607

Make Checks Payable to: Shasta Magic

Mail: P.O. Box 994123, Redding, Ca 96099

Email: wingate@shasta.com

Web Page: www.shastamagic.com

Entry Deadline: Entries for tournament are due by **April 16, 2010.**
Print out roster form below. Complete rosters with all information requested. Mail-in completed roster form and payment to the address listed above.

Play Starts: Exact times and gym sites will posted at
www.shastamagic.com

Game Guarantee: Each team will play at least 3 games

Format: Depends on the number of teams entered in the bracket
3-5 Teams (Round Robin)
6-7 Teams (Pool Play)
8 or more Teams (Bracket Play)

Rules of Play: 2010 AAU

Awards: Team and individual awards will be presented to the top (3) teams in each age group.

Hotels: See www.shastamagic.com

Check-In

Documents: Tournament Roster Form completed, AAU Club Number, Coaches' and Athletes' AAU Cards, Athletes' Birth Certificates and/or Official AAU Grade Exception Forms.

AAU Membership: All athletes, coaches, and bench personnel must hold a current membership in the AAU. This will be a part of the check-in process. Any athlete or coach without proof of membership will be required to purchase membership at the site, in order to be eligible to participate.

Check in Process: Teams will check-in at least one hour prior to their first game at a designated area with a site administrator at the gym. Check www.shastamagic.com for details before the tournament.

Team Roster Form Below

AAU Inter District Sanctioned Tournament Team Roster

AAU Club Name: _____ **AAU Club #** _____
Team Name: _____ **Grade** _____
City: _____
Contact Person: _____ **5th**
Address: _____ **6th**
City/State/Zip: _____ **7th**
Home #: _____ **8th**
Cell #: _____ **9th**
Email: _____ **10th**
Varsity

Girls _____ **Boys** _____

Coach's Name: _____ **AAU #** _____
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

In signing this document, I, intending to be legally bound and my heirs and administrators hereby waive and release any and all claims that I may have against Shasta Magic, tournament directors, officials, score keepers, site directors, or school facilities for any accident or incident that may occur to any member of the team, coaching staff, and family thereof, during a Shasta Magic event participated in. I also verify that all players and coaches are members of AAU.

Head Coach or Team Coordinator

Date