



## REGISTRATION and PAYMENT FORM For North State area League

Complete and return this form by: **February 15, 2010**  
Mail Checks payable to: Quijote sports  
3427 Bardick Rd Anderson Ca, 96007

For questions please contact;  
 Pablo Lana North State Area League Coordinator  
 pablomariolana@hotmail.com

**Go to <http://ausports.org> to register for Club and Individual membership!**

AAU Individual Memberships – Athletes	\$12
Coaches, Club Directors, Administrators or any affiliation with Junior Club	\$14
AAU Club Memberships:	\$30

	12	14	16	18	Location
Tournament #1			March 7		Anderson High school
Tournament #1	March 14	March 14		March 14	Anderson High school
Tournament #2			March 21		Red Bluff High School
Tournament #2	March 28	March 28		March 27	Red Bluff High School
Tournament #3			April 3		Anderson High school
Tournament #3	April 11	April 11		April 11	Anderson High school
Tournament #4			April 18		Red Bluff High School
Tournament #4	April 25	April 25			Chico Area
Tournament #4				May 2	Shasta High school
Tournament #5	May 8	May 8	May 8		Chico Area
Tournament #5				May 15	Redding Area

**AAU Area League**                      **\$ 875 per team**  
**(Entire League events)**  
**Includes 5 league tournaments**

**AAU Area League**  
**Tournaments**                      **\$ 200per team**  
**(Single Events)**

**Team Registration fee \$30 per team**

**Registration Deadline for Area League**

**February 15<sup>th</sup> 2010**



**AAU Volleyball Area League Entry Form**  
**Please submit one form per team.**

Club Name : \_\_\_\_\_

Club Director: \_\_\_\_\_

AAU Club Membership Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

☒ \_\_\_\_\_ State: \_\_\_\_\_

Club Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Cellular: \_\_\_\_\_

e-mail address: \_\_\_\_\_

**If Contact Person is Different From Club Director Fill In The Information Below**

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

☒ \_\_\_\_\_ State: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Cellular: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Check Enclosed: \_\_\_\_\_

Please charge my: VISA: \_\_\_\_\_ Master Card: \_\_\_\_\_ Discover: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Member: \_\_\_\_\_ Signature: \_\_\_\_\_

Card member Billing Address: \_\_\_\_\_

Card member's City, State, & Zip code: \_\_\_\_\_

Make checks payable to **Quijote Sports** and send with this form to:

Quijote Sports  
3427 Bardick Rd  
Anderson CA, 96007

**Please photocopy this form for future reference**



# Team Roster

Club Name : \_\_\_\_\_

Age Division: \_\_\_\_\_

Team Name: \_\_\_\_\_

	First Name	Last Name	Parent Name	Home phone	AAU Number
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
Coach					