

YOUTH SERIES TOURNAMENT ENTRY FORM

PLEASE COMPLETE FORM EACH TEAM ATTENDING TOURNAMENT
 CHECK WHICH TOURNAMENT YOU WILL BE ATTENDING
 All club, coaches, & players must have an AAU Membership to participate in any
 of the AAU Youth Series Tournaments.

| | | |
|--|---|--|
| <input type="checkbox"/> DIRTY DOZEN January 26, 2025 | <input type="checkbox"/> QUEEN OF HEARTS CHALLENGE February 09, 2025 | <input type="checkbox"/> SHAMROCK SHOWDOWN March 30, 2025 |
|--|---|--|

\$450 FOR ALL 3 TOURNAMENTS
IF NOT ATTEND ALL 3: COST PER TOURNAMENT \$175 EACH

AGE DIVISION: 10 12 13 14

CLUB NAME: _____

CLUB DIRECTOR NAME: _____ CELL#: _____

TEAM NAME: _____

COACH NAME: _____ CELL#: _____

ROSTER

| | NAME | JERSEY # | AAU NUMBER |
|---------------|------|----------|------------|
| COACH | | | |
| COACH | | | |
| PLAYER | | | |
| PLAYER | | | |
| PLAYER | | | |
| PLAYER | | | |
| PLAYER | | | |
| PLAYER | | | |
| PLAYER | | | |
| PLAYER | | | |
| PLAYER | | | |
| PLAYER | | | |

TOTAL DUE: _____

REMIT PAYMENT TO:
TOURNAMENT CENTRAL, 16461 BRICKER ROAD, COVINGTON, LA 70433