

5th ANNUAL Baylor Basketball BOYS AND GIRLS INVITATIONAL

June 6-7, 2009

Visit us online @ www.baylor-youth.org.

Sanction: This event is sanctioned by the Indiana District of the Amateur Athletic Union of the U.S.

Deadline Date: **May 29, 2009 (No refunds after the Postmark Date for any N.W.I. AAU Tournament)**

Contact Person: Toi Baylor - baylort@comcast.net or call 219-306-9932.

Entry Fee: \$350.00. Entry fee is non-refundable after the deadline date. We accept credit card, certified checks or money orders payable to NWI AAU. **Three Games Guaranteed.**

Mail to: N.W.I AAU Basketball Tournament, P.O. Box 11041, Merrillville, Indiana 46411.

Game Times: Games will start on Saturday, June 7, 2009 at 8:00 a.m. – Sunday, June 8, 2009 TBA.

Location: All games will be played at the Lincoln Center located @ 2450 Lincoln Ave, Highland, Indiana 46322

- Rules:**
- A. Highschool Rules and Regulations
 - B. Halves: Boys 8-U, 9-U, 10-U, 11-U, 12-U and Girls 9-U, 10-U, 11-U, 12-U will play 14 minute halves, stop clock. Boys 13-U, 14-U, 15-U, 16-U, 17-U and girls 13-U, 14-U, 15-U, 16-U will play 16 minute halves.
 - C. Three full & Two thirty-minute time-outs.
 - D. Overtime(s) for all games is two (3) minutes each..
 - E. Home team must provide a scorekeeper and Visitors must provide a clock personnel.
 - F. **IHSAA Certified Officials will be provided.**
 - G. Every team advance to the championship- Single elimination championship

Awards: **1st & 2nd place winners will be Awards given in each bracket**

Admission: Admission fee for adults will be \$7.00 and \$5.00 for all students per day. Two Day-weekend passes are available for adults \$12.00 & \$8.00 students.
(Free admission for children under 5)

Refreshments: Refreshments will be sold at the Gym.

Housing: In order to receive the discounted AAU room rates, all reservations must be made through the Lake County Convention & Visitors Bureau website. Simply go to www.lakecountycvb.com/housing and click on the AAU 2009 Basketball Super Regional banner. Fill in the appropriate information, select your desired hotel from the approved list, and submit your reservation. A confirmation email will be sent to you within 48 hours confirming your reservation.

In order to receive the discounted Northwest Indiana AAU Room Rates you must contact Lake County CVB - 1-866-481-5253 ask for Barb.

5th Annual Baylor Basketball BOYS AND GIRLS INVITATIONAL
2009 Registration Form

Office Use Only:
Date Rec. _____
Total Pd: _____
Youth _____ Co _____
_____ to _____
Club# _____

Contact Person: _____ E-mail Address: _____

Address: _____ City/State/Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Coach Name: _____ E-mail Address: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone:(____) _____

Team Name: _____ City Representing: _____

Check One Age Division and Appropriate Site

- | | |
|-------------------------------|---------------------------------|
| _____ Boys 8U/2 nd | _____ Boys Seniors |
| _____ Girls 10-U | _____ Boys 9U/3 rd |
| _____ Girls 11-U | _____ Boys 10U/4 th |
| _____ Girls 12-U | _____ Boys 11U/5 th |
| _____ Girls 13-U | _____ Boys 12U/6 th |
| _____ Girls 14-U | _____ Boys 13U/7 th |
| _____ Girls 15-U | _____ Boys 14U/8 th |
| _____ Girls 16-U | _____ Boys 15U/9 th |
| _____ Girls 18-U | _____ Boys 16U/10 th |
| | _____ Boys 17/11 th |

<u>Name (First Last)</u>	<u>Birth date</u>	<u>Grade</u>	<u>School</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____

Mail Entry Fee of \$350.00 plus this entry form to: N.W.I AAU, PO Box 11041 Merrillville, Indiana 46411
Visit us @ www.baylorvouth.org Please mail certified checks or money orders only payable to NWI AAU!

Credit Card Payments

Credit Card: Visa MasterCard Discover (Please Circle)

Name on Card: _____

Card Number: _____

Expiration Date _____

Charge Amount _____ (\$357.00) Entry Fee + \$7.00 surcharge

Account Holder's Address _____

City _____ State _____ Zip Code _____

Signature _____

We Accept the Following Credit Cards:



Team Name _____