|  |  |  |
| --- | --- | --- |
|  | **AAU BOYS’**  **BASKETBALL NATIONAL**  **CHAMPIONSHIP**  **INTENT TO PARTICIPATE** |  |

**HOST COPY**

***RETURN IMMEDIATELY***

CHECK ONE: [ ] Our team will participate in this event

[ ] Our team will not participate in this event.

**PLEASE COMPLETE THE INFORMATION BELOW AND FAX TODAY!**

**(410) 732 -8410 ATTN: Ben DuBose**

AAU District:

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

City Representing: \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Coach Name: \_\_\_\_\_\_\_\_

Address:

City: State: Zip:

Home Phone: ( ) Work: ( )

\* EMAIL ADDRESS \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second Contact Name:

Address:

City: State: Zip:

Home Phone: ( ) Work: ( )

What National Tournament do you intend to participate in? Age / Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This is not your team entry. This is only a notification of intent.**