



Iowa AAU Baseball - 2018 --> Entry Form

DIVISION

- | | | | |
|------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> 6:U T-ball | <input type="checkbox"/> 8:U | <input type="checkbox"/> 11:U (60') | <input type="checkbox"/> 13:U (80') |
| <input type="checkbox"/> 7:U Coach Pitch | <input type="checkbox"/> 9:U | <input type="checkbox"/> 11:U (70') | <input type="checkbox"/> 13:U (90') |
| | <input type="checkbox"/> 10:U (60') | <input type="checkbox"/> 12:U (60') | <input type="checkbox"/> 14:U (90') |
| | <input type="checkbox"/> 10:U (65') | <input type="checkbox"/> 12:U (70') | <input type="checkbox"/> 15:U |

This entry is for: State Championship Other Tournaments _____

Regarding all state baseball championships:

Entries for a given championship RECEIVED (not postmarked) on or before the entry deadline will be guaranteed a place in the tournament. All other entries will be accomodated only on a "space available basis".

Please type or print clearly !!

TEAM NAME	
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AAU Club/Team #	
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Head Coach	Name		
	AAU Membership #		
Address			
City, State - Zip			
Phone Numbers	Home	Work	
	Cell	Fax	
E-mail			

Assistant Coach	Name		
	AAU Membership #		
Address			
City, State - Zip			
Phone Numbers	Home	Work	
	Cell	Fax	
E-mail			

Please complete the following if this is a STATE CHAMPIONSHIP entry form:

Participation in a National Championship tournament requires lots of time and money.
Is your team interested in participating in a National Championship event?

Yes No

If yes, please send e-mail to IOWA AAU Baseball -->

dcozad9@gmail.com

I certify that all information submitted as part of this entry is complete and accurate.

Coach's Signature _____

Date _____

Entry fee must accompany entry form. Mail to the organization or individual listed in the tournament information.
Mail to AAU Baseball Dean Cozad 2009 10th St Des Moines Iowa 50314