



## 2008 AAU Regional Entry Form

**Regional Entering:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Age Division:** \_\_\_\_\_ **Level AAA:** \_\_\_\_\_ **AA:** \_\_\_\_\_ **A:** \_\_\_\_\_

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

**Contact Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email** \_\_\_\_\_

(Please print clearly as this is the only way you will be notified of your entry)

**Cost: \$525.00**

**Checks/Money Orders Must Be Received Within 7 days Of The  
Tournament Or Pay By Credit Card Online.**

**Please make checks payable to:**

**AAU Hockey  
2979 Silver Ridge Trail  
Medina, OH 44256**

**Fax this entry form to: 330-722-7834**

**For More Information Or Questions Call Us At 216-857-6318 Or By  
Email At [aauhockey@aauhockey.org](mailto:aauhockey@aauhockey.org)**