

2014 GIRLS GymRat CHALLENGE

JUNE 14-15, 2014



www.GymRatCHALLENGE.com

GymRat

CHALLENGE

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INSTRUCTIONS

1. Complete ALL TEAM information in PART 1 including AGE DIVISION.
 2. Complete PAYMENT information IN PART 2.
 3. Complete TEAM HOTEL information in PART 3.
 4. Complete and SIGN WAIVER in PART 4.
 5. RETURN with Registration Fee to address listed at RIGHT
- PLEASE NOTE: AAU age & grade eligibility requirements apply

e-ROSTER DEADLINE IS MAY 24TH

PART 1-TEAM CONTACT INFORMATION

TEAM NAME: _____
 COACH: _____
 CONTACT PERSON: _____
 ADDRESS: _____
 CITY: _____
 ST/PR: _____ ZIP: _____
 HOME PHONE: (____) _____ - _____
 CELL PHONE: (____) _____ - _____
 e-MAIL: _____

AGE DIVISION(S) PLEASE CIRCLE

16:U/11th 15:U/10th 14:U/9th 13:U/8th

AAU Age & Grade Eligibility Requirements apply

- This event is sanctioned by the Amateur Athletic Union of the U. S., Inc.
- All participants must have a current AAU membership.
- AAU membership may not be included as part of the entry fee to the event.
- AAU membership must be obtained before the competition begins except where the event operator has a laptop available with an internet connect. Participants are encouraged to visit the AAU web site www.aausports.org to obtain their membership.



PART 2-METHOD OF PAYMENT



****FULL TOURNAMENT REGISTRATION FEE (\$600) IS DUE AT TIME OF REGISTRATION.****
PAYMENTS AFTER MAY 1ST MUST BE MADE IN THE FORM OF CREDIT CARD, Money Order, or Bank CERTIFIED Check.
****NO NON-BANK CERTIFIED CHECKS WILL BE ACCEPTED AFTER MAY 1ST****
 PLEASE NOTE Cancellation Policy: Cancellations BEFORE MAY 1ST will receive a \$100 refund.
NO REFUNDS will be provided for cancellations occurring ON OR AFTER MAY 1ST

_____ # OF TEAMS FROM MY ORGANIZATION REGISTERING FOR THE 2014 GIRLS GYMRAT CHALLENGE

ENCLOSED IS *CHECK/MONEY ORDER **PAYABLE TO GymRat CHALLENGE** IN THE AMOUNT OF \$ _____

***NO CHECKS WILL BE ACCEPTED AFTER MAY 1ST. ALL payments after that date MUST be in the form of a Credit Card, Money Order, or Bank CERTIFIED Check**

CHARGE MY CREDIT CARD IN THE AMOUNT OF \$ _____ CREDIT CARD # _____

CARDHOLDER'S NAME AS IT APPEARS ON THE CARD _____

EXPIR DATE (MM/YY) _____ SECURITY CODE: _____ CARDHOLDER'S SIGNATURE: _____

PART 3-TEAM HOTEL-VISIT PREFERRED HOTELS SECTION OF GymRatCHALLENGE.com FOR HOTEL INFO

For your convenience, the GymRat CHALLENGE provides a FREE RESERVATIONS SERVICE through ARN for your use in booking your Team Hotel. Please visit the PREFERRED HOTELS section of GymRatCHALLENGE.com for Team Hotel information and to secure the necessary number of rooms.

Some hotel properties that are NOT on our Preferred List INCREASE their prices during the GymRat CHALLENGE weekend because of the high demand for hotel space. ALL OF THE RATES AVAILABLE THROUGH ARN ARE GUARANTEED TO BE THE LOWEST RATES AVAILABLE TO ANY GUEST AT THAT HOTEL DURING THE EVENT WEEKEND. In order to allow ARN maximum leverage when negotiating group rates for GymRat CHALLENGE participants, ALL teams requiring hotel space MUST book through the ARN system. This will ensure that GymRat CHALLENGE rates are the lowest available in the area. Teams booking hotel space outside of the ARN system will be REMOVED from the event schedule.

TEAM HOTEL: _____ ESTIMATED NUMBER OF ROOMS: _____
FROM 2014 GymRat CHALLENGE PREFERRED HOTEL LIST WE WILL BE CHECKING IN ON: FRI / SAT (CIRCLE ONE)

Visit Preferred Hotels section of GymRatCHALLENGE.com for Hotel Reservations

PART 4-WAIVER

I, the team/club representative or team/club coach of _____ (state team/club name), hereto referred to as "competing team" state that all team/club coaches and athletes representing competing team are AAU registered or will be registered prior to the start of the GymRat CHALLENGE. If, in fact, I fail to register any coach or athlete, I hold John Kmack, GymRat Basketball, LLC, AAU of USA, Inc., The Capital DiamondRats, The Adirondack Association of AAU, the GymRat CHALLENGE, and/or any of its sponsors or competition facilities harmless from any liability, direct or indirect, from either my or any of the athletes or coaches representing competing team and the team's involvement or participation in the GymRat CHALLENGE. Further, I agree that any litigation costs incurred by the organizers of the GymRat CHALLENGE as a result of competing team's failure to make payment for any reason, including checks returned for insufficient funds, will be the sole responsibility of the competing team.

Signed: _____ Date: _____
 Print Name: _____ AAU Club/Team # (if available): _____
 Title: _____

If your AAU membership number has not yet been issued, you must phone or fax the number to GymRat CHALLENGE headquarters at the number listed above as soon as it is received. To join the AAU, or receive your 2014 membership number, contact AAU National Headquarters at (407) 934-7200.

ALL ROSTERS MUST BE SUBMITTED THROUGH THE e-ROSTER SYSTEM AVAILABE @GymRatCHALLENGE.COM ROSTER DEADLINE IS MAY 24TH