



## **SOUTH CAROLINA RAVENS**

**The South Carolina Ravens cordially invites your team(s) to participate in the NEW YEAR'S CLASSIC Basketball Tournament, to be held January 25-27, 2008, in Columbia, SC.**

Early Registration Fee: **\$175**, if received by Monday, January 14, 2008

Regular Registration Deadline\Fee: **\$200**, if received by Friday, January 18, 2008

- Girls\Boys: 9U      10U      11U      12U      13U
- All teams welcome
- 3 game guarantee
- First 8 teams each age group – Be QUICK, Be FAST, HURRY!!!

Entry packets and schedules available at:  
[www.leaguelineup.com/columbia\\_basketball](http://www.leaguelineup.com/columbia_basketball)

**NO PERSONAL CHECKS ACCEPTED  
CASHIERS CHECKS OR MONEY ORDERS ONLY!!!!!!**

Mail Entry Fee, Entry Form and Roster to:  
Columbia Basketball, PO Box 4253, Columbia, SC 29240

Contacts:  
William Hatten, 803-728-3679  
Cory Hatten, 864-934-9066

***"COME PLAY WITH THE BEST"***

**Columbia Basketball, PO Box 4253, Columbia, SC 29240, (803) 728-3679**



# South Carolina Ravens

*William Hatten\Cory Hatten, Tournament Contacts, PO Box 4253, Columbia, SC 29240, 803-728-3679*

## South Carolina Ravens **NEW YEAR'S CLASSIC** Basketball Tournament

Columbia, SC  
January 25-27, 2008

### **ENTRY FORM**

**(Please Complete One Form for Each Team)**

**TEAM NAME:** \_\_\_\_\_

**TEAM AGE DIVISION (Circle as appropriate)**      9U    10U    11U    12U    13U

**AAU REGISTRATION #** \_\_\_\_\_

**Head Coach:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

**Phone: (Cell)** \_\_\_\_\_ **(Home)** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Phone: (Cell)** \_\_\_\_\_ **(Home)** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please note that your team is not guaranteed in the tournament until full payment is received. No refunds will be issued once the tournament has begun. Tournament Host reserves the right to modify the tournament schedule due to unforeseen circumstances.*

**Early registration: January 14, 2008**

**Late registration: January 18, 2008**

**Mail Cashiers Check or Money Order, made payable to:**

Columbia Basketball  
PO Box 4253  
Columbia, SC 29240

**NO PERSONAL CHECKS ACCEPTED**

South Carolina Ravens  
**NEW YEAR'S CLASSIC**

**2007 ROSTER FORM**

<b>Team Name:</b>	<b>Coach:</b>
<b>Team Age Group (circle one)</b>	<b><u>9U</u>   <u>10U</u>   <u>11U</u>   <u>12U</u>   <u>13U</u></b>
<b>Address:</b>	
<b>City / State / Zip:</b>	<b>Email:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>
<b>Asst Coach:</b>	<b>Phone:</b>
<b>Asst Coach:</b>	<b>Phone:</b>

	JERSEY #	PLAYER NAME	AGE	GRADE	DOB
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

As Coach/Team Representative, of the (Team Name) \_\_\_\_\_  
 I certify that the information within is correct to the best of my knowledge. I understand that should a protest arise concerning the eligibility of any players participating on my team, that it will be necessary that proper documentation (i.e. Birth Certificate, Report Card) be made available verifying the player's eligibility in the age group in which that player is participating. It is understood that should one of my players be found ineligible, that the player will not be able to continue participating in the tournament. I also understand that the team I represent is responsible for proof of AAU Registration\Insurance.

\_\_\_\_\_  
 HEAD COACH SIGNATURE

\_\_\_\_\_  
 HEAD COACH PRINTED NAME