

AAU Competition Entry Form

Meet Name _____ Dates _____

Team Name _____ Contact _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____ AAU Club # _____

	Athlete Name	Birth Date	AAU Number	Level
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

	Coach Name	AAU Number	Exp Date	Safety Exp Date
1				
2				
3				
4				

Entry Fee \$70.00 x _____ = \$ _____

Team Fee \$60.00 x _____ = \$ _____

Total Due \$ _____ Check # _____

Mail To:
D.E.E.N.O.S.
355 Commerce Dr
Rincon, GA 31326