

MICHIGAN AAU GIRLS' BASKETBALL ASSOCIATION

YOU MUST ATTACH RECENT

MEMBERSHIP VERIFICATION FORM

PHOTO OF ATHLETE HERE

*PLEASE **TYPE** OR **PRINT** CAREFULLY:*

OFFICIAL ENTRY (PLEASE COMPLETE ALL INFORMATION)

_____ LAST NAME	_____ FIRST NAME	_____ INITIAL	_____ AAU REGISTRATION NO.
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STREET ADDRESS

_____ CITY	_____ COUNTY	_____ STATE	_____ ZIP CODE
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_____ DATE OF BIRTH	_____ AGE TODAY	_____ (AREA CODE) TELEPHONE NUMBER
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MUST BE SIGNED _____

ATHLETE'S SIGNATURE

DATE

MUST BE SIGNED _____

PARENT OR GUARDIAN SIGNATURE

DATE

THE CONTENT OF THIS FORM PROVIDES INFORMATION TO ALLOW ASSOCIATION VALIDATION OF THIS ATHLETE TO COMPETE IN MICHIGAN AAU GIRLS BASKETBALL EVENTS. THIS FORM MUST BE COMPLETED AND AVAILABLE FOR INSPECTION AT ANY ASSOCIATION QUALIFYING TOURNAMENT (AQT) EVENT OR OTHER AAU SANCTIONED EVENT. IF AN ATHLETE CANNOT PROVE THEIR IDENTITY, SHE WILL NOT BE PERMITTED TO PARTICIPATE AND SHE MAY NOT SIT ON THE BENCH WITH HER TEAM. SHE WILL BE CONSIDERED A NON-MEMBER UNTIL PROVEN OTHERWISE.

YOU MUST ATTACH A BIRTH CERTIFICATE FROM A CITY, COUNTY OR STATE AUTHORITY. HOSPITAL OR CHURCH RECORD CERTIFICATES ARE NOT ACCEPTABLE.