



**2009 ARKANSAS BOYS' BASKETBALL
NATIONAL CHAMPIONSHIP
INTENT TO PARTICIPATE**



RETURN IMMEDIATELY

- CHECK ONE: Our team will participate in the National Tournament
 Our team will not participate in the National Tournament

PLEASE COMPLETE THE INFORMATION BELOW AND FAX TODAY!

**IF I HAVE NOT RECEIVED YOUR FORM BY MAY 25, 2009 @ 3:00 P.M. I WILL
SUBMIT THE NEXT QUALIFIED TEAM IN THE PLACE OF YOUR TEAM TO
COMPETE IN THE NATIONAL TOURNAMENT**

AAU Club Name: _____

Age Division: _____

What place did your team finish in the Qualifying Tournament?

1st 2nd 3rd 4th 5th 6th

Team Name: _____

Coach Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work: () _____

* Email Address *: _____ Cell Phone () _____

Second Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work: () _____

* Email Address *: _____ Cell Phone _____

**PLEASE FAX THIS FORM TO
501-340-6039 ATTN. Henry Forrest
Or e-mail to burins9808@sbcglobal.net**

This is not your team entry. This is only a notification of intent.