



SPRING 2012 AAU BASKETBALL TEAM TRYOUTS Boys & Girls Teams

COME SEE WHAT THE BUZZ IS ABOUT!

for more information visit:
www.amoneysportz.com



Please email Coach Marc if you are
planning on trying out - amoney79@aol.com

MARK YOUR CALENDAR!

SUNDAY,

February 26th

HOSTED @ GOLD'S GYM

STATE of the ART FACILITY

901 Route 10 E Whippany NJ

07981

If snows check website for updates

DATE & TIMES

Boys

Sunday February 26th

4th/5th	12:15 - 1:30pm
6th/7th/8th	1:30 - 2:45pm
9th/10th	2:45 - 4:00pm
11th/12th	2:45 - 4:00pm

Girls

Sunday February 26th

4th/5th/6th	4:00 - 5:15pm
7th/8th	5:15 - 6:30pm
9th/10th	5:15 - 6:30pm

*GRADES PLAYERS ARE currently in.

Please bring the following 3 things with you to tryouts:

1. Registration form filled out
2. \$30.00 tryout fee, cash or check
Make Checks Payable to "Amoney Sportz"
3. Copy of Birth Certificate

GENERAL INFORMATION

Games: 1 League game per week,

Independent games and Tournaments

Practices: All teams will have 1 or 2 practices per week. More practices will occur at the beginning of the season.

Practice Location: Gold's Gym 901 Rt. 10 East Whippany NJ

Uniforms: Each NEW player receives one

Playing Time: Is not guaranteed but we do our best to get everyone as much playing time as the coach feels appropriate.

Time Frame: March - May

Cost: \$625.00 per player (excludes tryout fee) + \$50 uniform fee. (New Player)

Tuition Includes:

- Tournament Fees
- League Fees
- Practices
- Gymnasium Time
- Referee Fees
- Insurance
- Team Jersey
- Coaching
- New \$50.00 gift certificate towards Summer Camp (week 1 or 2)

www.amoneysportz.com

T: (973) 476-5210 E: amoney79@aol.com

IF YOU PLAN ON TRYING OUT YOU MUST EMAIL COACH MARC BEFORE TRYOUTS AT: AMONEY79@AOL.COM

FULLY AIR CONDITIONED FACILITIES



REGISTRATION FORM

1. Bring Form to Tryouts on Sunday February 26th
2. \$30.00 tryout fee cash or check only - Checks payable to "Amoney Sportz"
3. Copy of birth certificate

Parent's Name _____ Last _____

Child's Name _____

Date of Birth _____ Gender _____

Grade _____ Height _____ Weight _____

Playing Experience _____

Please list any special request _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email _____

I hereby authorize the agents of Amoney Sportz/ Gold's Gym to act for me according to his best judgment in any emergency requiring medical attention. I hereby release and discharge Amoney Sportz/ Gold's Gym and employees from and against any and all liability or causes of actions arising out of or in connection with my or my child's participation in the program

Signature: _____

Date: _____

Jersey # From Previous Season(Returning Player Only) _____