BAYOU REGIONAL VOLLEYBALL ASSOCIATION

TOURNAMENT & LEAGUE ENTRY FORM

Please print clearly

Tournament: _____ Date(s): _____

Tournament Site: _____

Team Name: _____ Team Code*: _____

Team Contact: _____

Address: _____

City, ST Zip _____

Phone Contact: _____

Email Address: _____

Division being entered: (Mark all that apply for this team at the tournament being entered)

Male ❑ Female ❑ Club ❑ Open ❑

Bayou ❑ National ❑ Coed ❑ Outdoor ❑

AA ❑ A ❑ BB ❑ B ❑

10u❑ 12u❑ 13u❑ 14u❑ 15u❑ 16u❑ 17u❑ 18u❑

	Last Name	First Name	MI	USAV #*	Uniform #	C, R, S
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Indicate which team members are the coaches (C), certified referees (R) and scorekeepers (S) in the box next to their name.

*-Individual membership numbers and team codes are required prior to competing in any sanctioned USAV event.

I certify that the entry information is complete and correct and that all members of this team are USAV registered members. I also acknowledge that my registration may not be accepted unless the entry form is completely filled out, signed by the team representative and accompanied by the appropriate fee.

_____

Signature of Team Representative