Name of Tournament: _____

Sponsored By: Union Volleyball Club

Site: Metro Louisville area

Date: _____

Team _____

Team Rep _____

Address _____

City _____

State _____

Zip _____

USA # _____

Team Cert# _____

Phone (H) _____

(W) _____

Fax _____

Email _____

Entry Fee: _____

Check Payable To:

Union Volleyball

***** CHECKS MUST ACCOMPANY ENTRY FORM FOR CONSIDERATION**

Entry Deadline: Until Full

Mail To: Ed Smallwood
2018 Ridgeview Drive
Floyds Knobs, IN 47119

Circle One
Open
Club

Circle One		
10 & Under	11 & Under	12 & Under
13 & Under	14 & Under	15 & Under
16 & Under	17 & Under	18 & Under

Player	***USAV #***		***Jersey#***	

The undersigned hereby states that the above data is correct, and full information is included. Penalty might be rejection of entry or disqualification. The above persons should have carefully read the eligibility rules applying to USA Volleyball.

_____

Signature of Team Representative