**Tournament Name**

*Date of Event*

Tournament Location

Entry Fee:

Entry Fee Payable to:

**Delta Region Tournament**

**Entry Form**

DATE RECEIVED: [PICK THE DATE]

**TO:**

Tournament Name Tournament Director Name [Street Address]

[City, ST ZIP Code]

[Phone Number]

**CLUB NAME:**

Team Name: Team 11 Digit Code: Team Rep: Email Address:

Club Director Cell Phone:

|  |  |  |
| --- | --- | --- |
| **AGE DIVISION: 18N** | **17N 16N 15N** | **14N 13N 12N 11N 10R** |
| **(CIRCEL ONE) 18R** | **17R 16R 15R** | **14R 13R 12R 11R** |

**N= NATIONAL LEVEL R=REGIONAL LEVEL**

**IF YOUR AGE DIVISION DOESN’T FILL WOULD YOU BE WILLING TO MOVE UP AN AGE DIVISION?**

*The undersigned hereby states that all data is correct, and full information is included. Possible penalties include rejection of entry or disqualification. The Team Rep should have read carefully the eligibility rules applying to Delta Region Volleyball play.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TEAM REP** | **HOME PHONE NUMBER** | **CELL PHONE NUMBER** | **EMAIL ADDRESS** | **TEAM REP SIGNATURE** |
|  |  |  |  |  |

**DELTA REGION TEAMS SHOULD ATTACH AN ONLINE TEAM ROSTER**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TEAM MEMBER NAME** | **USAV MEMBERSHIP ID NUMBER** | **UNIFORM NUMBER** | **R1** | **R2** | **SCORER** | **LINE JUDGE** | **COACH SAFESPORT** | **COACH IMPACT** |
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