Tournament Entry Form

Sanctioned By USA Volleyball
North Texas Region

Name of Tournament _____

Hosted by _____

Site _____ **Date** _____

Team _____ **USAV Team #** _____

Team Representative _____

Address _____

City _____ **State** _____ **Zip Code** _____

Cell Phone _____ **Email** _____

Gender **Male** **Female** **Division** **AA** **A** **BB** **B**

Player	USAV #	Scorer/ Referee

Roster Verification

The person signing this form verifies that:

1. The above roster is correct and contains all players who will be participating in the event. All players meet age and level of play requirements.
2. The team understands it is subject to any and all penalties if this roster does not match the participants attending the event, regardless of who signs this verification.

Print Name

_____

Signature

_____

Date

_____