



Name of Tournament _____ Date _____

Team _____

Team Representative _____

Primary Contact Phone # _____ Email address: _____

| Player | Uniform # | Notes |
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Important!
Fill out Entry Form in Full

Entry Fee: _____

Entry Payable to: Arizona Region

Entry Closes: 10 days prior to tourny _____

Mail To:
Arizona Region Volleyball
7100 W. Erie Street
Chandler, AZ 85226

Credit Card payments may fax to:
480-659-6153

Entries will not be accepted unless accompanied by entry fee and signed below by Team Rep.

All members listed on the roster must be registered members of the Arizona Region for the current season or day of the tournament.

All players of a team are required to wear uniform tops and shorts similar in color and style.

The undersigned hereby states that the above data is correct, all members are registered, and full information is included. Penalty may be rejection of entry or disqualification. The above persons should have read carefully the eligibility rules applying to USVBA play.

Signature of Team Representative _____

Paid by Check # _____ Credit Card (type) _____ Cash

I authorize the Arizona Region of USA Volleyball to charge my credit card for the above entered tournament. NOTE: A 3% handling charge will be applied to all credit card payments

Credit Card # _____ Exp Date _____ Security Code _____

Name on Card _____ Phone # _____

Billing Address of Card _____

Signature of Cardholder _____