AAU 1-Day Tournament

Entry Form

USE ONE FORM FOR EACH TEAM ENTERED

Date of Tournament- _____

Club Contact Information

Club Name: _____

Club Director: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Team Information

Team Name: _____

Head Coach: _____ AAU Number: _____

Girls: 10 11 12 13 14 15 16 17 18 (Circle One)

Player	AAU Number	Uniform Number

The undersigned herby states that all of the information is correct and all information is included. Penalty may be rejection of entry or disqualification.

Signature of Club Director: _____

Mail or Fax this form and a check $125.00 to:

Orlando Volleyball Academy
6700 Kingspointe Parkway
Orlando, FL 32819
Fax: (407) 226-0189