

ENTRY FORM

CIRCLE DIVISION ENTERING

I	II	III	IV	V	VI
(7-8)	(7-8)	(7-8)	(5-6)	(5-6)	(5-6)
A	B1	B	A	B1	B

List the following school activities that could create conflicts with the volleyball tournament.

Activity	Date	Time
_____	_____	_____
_____	_____	_____

No all-star teams allowed, or combination of teams.

TEAM _____

GWAC LEAGUE COLOR _____

COACH (Please Print) _____

ADDRESS _____

CITY & ZIP _____

PHONE _____ CELL _____ WORK _____

EMAIL ADDRESS _____

Please list the name & phone number of another person that we can contact if necessary.

Note: ROSTER OF EACH TEAM IS LIMITED TO 15 PLAYERS

ROSTER OF PLAYERS

Name & Uniform #	Name & Uniform #
1. _____	9. _____
2. _____	10. _____
3. _____	11. _____
4. _____	12. _____
5. _____	13. _____
6. _____	14. _____
7. _____	15. _____
8. _____	

Please return the entry form by November 23, 2009 along with the entry fee of \$60.00 made payable to Mother of Mercy High School.

Note: Games will not be changed for other tournaments, indoor soccer, club volleyball, vacations, etc.