2010 Volley in the Rock Tournament Entry Form

Age Group			
	10/11		16
	12		17
	13		18
	14		
	15	* ( ) Co-Ed	
( ) Girls		* ( ) Boys	

Would your team play up in the next highest age division if needed? ( ) Yes ( ) No

Club Name:	
Team Name:	
Coaches Name:	
Team Representative:	
Address:	
City, State, Zip	
Work Phone:	
Home Phone:	
Cell Phone:	
E-mail Address:	
USAV TEAM Number:	

** Roster Note: You may attach USAV printed rosters.

Roster (Player Name)	USAV Number	(R)eferee and/or (S)corekeeper	

Tournament Fee: **$375.00** **Deadline is February 12, 2010** **($400.00 if received after deadline.)**

Make checks payable to "**Little Rock Juniors**" and mail to:
Little Rock Juniors
c/o B.J. Golden
7 Buckthorn Drive
Little Rock, AR 72211
Tournament Questions should be directed to: admin@lrjuniors.com

_____ _____
Team / Club Representative Signature Date