

Redland Rendezvous 2010 Tournament Entry Form

Age Group (circle one) 12 13 14 15 16 17 18 Boys

Would your team be willing to play up an age division if asked? Yes No

Name of Club _____

Team Name _____

Coach Name _____

Team Representative _____

Address _____

City, State, Zip _____

Contact Phone Number _____

Email _____

Team USAV Number _____

By my signature, I hereby certify that the roster I have attached for the above listed team is correct and that all players are registered with the United States Volleyball Association.

I also certify that Medical Release forms for each of the players on the team will be in my possession and available for use for any emergency that may arise at this tournament.

I also certify that I will abide by the rules and regulations of this tournament and that I will be responsible for the distribution of the site rules to my players, parents and supporters.

Signature of Coach

Date

Printed Name

Mail to: Oklahoma Wind Volleyball Club, Inc.
C/O Brooke Taron
12826 SE 18th Street
Choctaw, OK 73020

You will be notified of your acceptance into the tournament by email. Please watch our website for updates. www.okwind.com

This tournament is sanctioned by the The Oklahoma Region Volleyball Association (OKRVA)