

NSMVC Tournament Entry Form

Tournament Information

Tournament Name: _____ Entry Fee: _____

Tournament Date(s): _____ Age Division: _____

Team Information

Club Name: _____ Age Division: _____

Team Name: _____ Team Code: _____

Please rank your team based on it's place within it's age division in the Badger Region.

Team Rating Top 1/3 Middle 1/3 Bottom 1/3

Team Rep and Coach Contact Information - Both Required

Team Rep. Name: _____ Phone # _____

Email Address: _____ Cell # _____

Coaches Name: _____ Phone # _____

Email Address: _____ Cell # _____

Submit roster with USAV membership numbers prior to the event

This team registration form must be completed in full, signed by the team's representative, and be accompanied by the tournament entry fee, before it can be considered valid for entrance into the tournament. The undersigned hereby certifies that the information provided is accurate. Penalty for incorrect or misleading information may be rejection or disqualification from said tournament.

Team Rep. _____ Date: ____ / ____ / ____