

Foley 22nd Annual Volleyball Tournament

Registration Form

(10's/11's, 12's, 13's, 14's, 15's, 16's, 17's, 18's)
(Please attach a team roster form- only one team per form)

ENTRY DEADLINE: Friday, March 22, 2019

TOURNAMENT DATES: Saturday, April 6th, 2019 – 10's/11's, 12's, 13's
Sunday, April 7th, 2019 – 14's, 15's, 16's, 17's, 18's

TEAM NAME: _____

DIVISION: ___ 10's/11's ___ 12's ___ 13's ___ 14's ___ 15's ___ 16's ___ 17's ___ 18's

CONTACT PERSON – 1 (Club Director, Team Rep or Coach) – please circle

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email address (required): _____

CONTACT PERSON – 2 (Team Rep or Coach) – If different from contact #1

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email address (required): _____

TEAM REP SIGNATURE: _____

Make checks payable to: **Foley JO Volleyball**

Send: **Entry form, team roster and \$105 entry fee** to:

Jackie Gill
Foley JO Volleyball
9741 Hwy 95 NE
Foley MN 56329

Foley JO use only:
Date received: _____
Check #: _____ Amount: _____
Entry form: _____ Roster: _____
A: _____ W: _____ R: _____

Questions? Contact Jackie Gill at 320-248-9116 or osheajackie@yahoo.com

