



Hosted by Richmond Volleyball Club

SEPTEMBER 19, 2009

ENTRY FORM

TEAM INFORMATION

Team Name _____

Division: Open A BB B
(circle your 1st choice)

ROSTER

MALE PLAYERS	FEMALE PLAYERS

Captain's Name _____

Phone _____

Address _____

City _____

State _____ Zip _____

E-mail* _____

**MUST provide a valid e-mail address to receive confirmation & other important tournament information*

My team is willing to move to the next higher division if needed: Yes No

ENTRY GUARANTEED THROUGH SEPTEMBER 4

Late registrations will be accepted on a space-available basis only through September 16

PAYMENT INFORMATION

Form of payment Check

Credit Card Visa Master Card Amex

(charged upon receipt)

Name on Card: _____

Number: _____ Exp. Date: ____ / ____

Amount: \$200

Please make checks payable to:
Richmond Volleyball Club

Please mail entry form & payment to:
Richmond Volleyball Club · Summer's Last Call
1907 Westmoreland St. · Richmond, VA 23230

Or email pdf to:
rvc@rvc.net