

MINNESOTA VOLLEYBALL ASSOCIATION, LLC

Tournament Registration Form

Tournament Name: _____	Tournament Date: _____
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TEAM INFORMATION

Team Name: _____

Division (circle gender and level): Men's / Women's AA / A / BB / B / CC / C

Team Contact Name: _____

Team Contact Information:

Street _____

City, State, Zip _____

Home Phone _____

Cell Phone _____

Work Phone _____

Email Address _____

Player Name *	Player Name *

* Please Alphabetize by Last Name, First Name. Rosters may be updated on the morning of the event.

OFFICE USE ONLY		
Date Rec'd: _____	Payment Amt: _____	Payment Type: _____

Please mail completed form with payment to: **MVA / W2571 890th Ave / Spring Valley, WI 54767**

For more information about the **Minnesota Volleyball Association, LLC**, visit www.mnvba.com,
or call Rick at 612-247-4682