

## 2008 Gulf Coast Region - USA Volleyball JUNIOR TOURNAMENT ENTRY FORM

Tournament Date - February 16, 2008 Name of Tournament - Spring Fling

Tournament City - Panama City, Florida Hosted by - Miracle Strip Volleyball Academy

Tournament Age Divisions: **Girls** 18 17 16 15 14 13 12 10

Team Name \_\_\_\_\_ Club Name \_\_\_\_\_

Age Division \_\_\_\_\_ Team Representative Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Team Coach: \_\_\_\_\_ City/State/ZIP Code \_\_\_\_\_

\_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Team Rank in Club Fax (\_\_\_\_) \_\_\_\_\_ Home Work

\_\_\_\_\_ E-Mail Address \_\_\_\_\_

Entry Fee: **\$ 150.00 Per Team** Make Check Payable to : Miracle Strip Volleyball Academy

Entry Postmark Deadline: \_\_\_\_\_ Mail Entry and Check to: Miracle Strip Volleyball Academy

(NO ENTRIES WILL BE ACCEPTED AFTER THIS DATE)

3732 Greentree Pl

List players in numerical order by uniform number:

Panama City FL 32405

Player	USA #	Uniform #	Player	USA #	Uniform #

The undersigned hereby agrees that the team has met all eligibility and officiating requirements and will abide by Gulf Coast Region and USA Volleyball rules, policies and procedures.

Signature \_\_\_\_\_  
*(Team Representative)*