2009 ADULT FRIENDSHIP TOURNAMENT ENTRY FORM

NAME OF TOURNAMENT: _____

TEAM NAME: _____

TEAM REPRESENTATIVE: _____

ADDRESS: _____

_____

HOME PHONE #: _____

WORK PHONE #: _____

E-MAIL ADDRESS: _____

CIRCLE DIVISION: M W
AA A BB B

DATE OF EVENT: _____ _____
(DAY) (DATE)

ENTRY FEE: Listed on RMR Tournament Schedules.
$90.00 _____
(AMOUNT) (CHECK #)

Mail Entry Form & Fee to: RMR Office
4155 E Jewell Ave, Suite 909
Denver, CO 80222

	Player's Name				
	Last	First	RMR-USAV REGISTRATION VERIFIED	CERT. REF OR SCORER	UNIFORM NUMBER
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					
14)					
15)					
Cch:					
Ast:					
Chp:					

* This entry must be filled out and will not be accepted without proper entry fee. Form must be signed and dated below.
* Entry must be received by deadline listed on the tournament schedules. (Please observe the deadline or your team may not be accepted into the tournament!)
* Uniform Code for Friendship Tournaments will require jerseys with numbers front AND back, which must be taped on if not printed. There shall be no duplicate numbers within a team regardless of jersey color. Shorts need not match.
* Team Reps will be contacted with site confirmation and tournament start time by the tournament director.
* All teams must provide a Ref and Scorekeeper for all friendship tournaments.
* **Adult** tournament play starts at 8:30am unless stated on the tourn. schedule.

Captain's Initials Verifying Roster The Day Of The Tournament: _____

* Please update roster the day of the tournament. Cross out people who are not playing and add new players with RMR numbers before turning this roster into the tournament director.

* In consideration of your accepting this entry, we, the undersigned, do hereby for ourselves, our heirs and assignees, waive and release any and all claims for damages we may have against schools or organizations furnishing gym facilities, RMR-USAV, or authorized representatives conducting this event, as a result of any or all injuries incurred by this event.

_____ _____
Signature of Person Mailing Roster & Title (Coach, Capt. Mgr., etc)

RMR
Rocky Mountain Region
USA Volleyball

Date Signed