



Borderline Junior Volleyball Tournament Entry Form 2015

This entry will not be accepted unless correctly completed, signed, and accompanied by the entry fee.

Tournament location: _____ Tournament date: _____

Team: _____

Team registration number (all teams): _____

11-character team code (juniors' teams): _____

IMPACT- or CAP-certified coach (juniors' teams): _____

certification (circle one): IMPACT CAP 1 CAP 2 CAP 3

Team representative: _____ E-mail address: _____

Street: _____ Phone (home): (____) _____ - _____

City: _____ State: _____ Zip: _____ Phone (cell): (____) _____ - _____

Division: (circle one)	18N	17N	16N	15N	14N	13N	12N		
	18R	17A	16A	15A	14A	13A	12R	11U	10U
	18U	17R	16R	15R	14R	13R	12U		
		17U	16U	15U	14U	13U			

Player	USAV #	Uniform #

Entry fee: \$200

Entry payable to: Borderline Junior Volleyball

Mail to: Bill Zehler

1376 Oxford Trenton Rd.

Hamilton, OH 45013

The undersigned hereby states that the above data are correct, and full information is included. Possible penalties include rejection of entry or disqualification. The above persons should have read carefully the eligibility rules applying to USA Volleyball play.

Signature of team representative: _____ Date: _____