

AOA Sports

2008-2009 Tournament Entry Form

Tournament Name: _____

Tournament Date: _____ Entry Deadline: _____

Team Name: _____ Club Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

USAV Registration Number: _____

	Team Representative	Club Director
Name		
Email Address		
Cell Phone/Contact #		

Juniors Age: () 11 () 12 () 13 () 14 () 15 () 16 () 17 () 18

Adult: Women's: () A () BB () B Men's: () A () BB () B

Player	USAV #	Uniform #	Player	USAV #	Uniform #

Team Referee: _____ Team Scorer: _____

Entry Fee: \$ _____ **Make checks payable to: AOA Sports**

We accept VISA and MasterCard Name of Cardholder: _____

Card Number: _____ Expiration Date: _____

Mail roster, entry form, and entry fee to: AOA Sports, P.O. Box 29205, San Antonio, Texas 78229

Signature of Team Representative/Club Director: _____

For Official Use

Date Postmarked: _____ **Date Received:** _____

Entry Fee Enclosed: _____ **Check Number:** _____ / **Credit Card Number:** _____

Date Database Updated: _____