2011 STATE FALL SPORTS TOURNAMENT
VOLLEYBALL TEAM REGISTRATION FORM

Please Print Clearly:

Name: _____ Agency # _____

Address: _____

City: _____ State: _____ Zip: _____

Phone H: (_____) _____ Phone W: (_____) _____

Fax: (_____) _____ E-mail: _____

RETURN THIS FORM TO YOUR REGIONAL OFFICE WITH STATE REGISTRATION MATERIALS BY PUBLISHED DEADLINE DATE!

Team Name: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Each team must have a unique name, up to **15 characters long**. This name will be used at all competitions.

CHECK ALL ITEMS:

☐ New Team ☐ Existing Team

	ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST NAME)	M/F	VSAT SCORE	TOP 6 [X]
1.				☐
2.				☐
3.				☐
4.				☐
5.				☐
6.				☐
7.				☐
8.				☐
9.				☐
10.				☐
11.				☐
12.				☐
COMPUTE THE TOP EIGHT VSAT SCORES AVERAGE				

(OVER)

2011 STATE VOLLEYBALL TEAM

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Team Name: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Please list all of the teams you have played:

AGENCY NUMBER		OPPOSING TEAM OFFICIAL NAME (BE SPECIFIC)	MATCH DATE	YOUR SCORE	THEIR SCORE
1.				1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____
2.				1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____
3.				1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____
4.				1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____
DISTRICT COMPETITION					
1.				1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____
2.				1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____

You must have at least two documented matches plus district competition for State games registration. List additional games below.

TEAM EVALUATION COMMENTS:

Briefly provide input on the ability of your team, i.e. loss or addition of key players, etc. This will affect divisioning.

_____

_____

_____

_____

_____

_____

_____

_____

_____