**2014 STATE FALL SPORTS TOURNAMENT**

**VOLLEYBALL TEAM REGISTRATION FORM**

**Please Print Clearly:**

Agency Number:       Agency Name:

Head Coach:         Cell #:

**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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Athlete Name**(Alphabetical: Last Name, First Name) | **M/F** | **age** | **VSAT Score** | **tOP 6****[X]** |
| 1. |       |       |        |       | [ ]  |
| 2. |       |       |       |       | [ ]  |
| 3. |       |       |       |       | [ ]  |
| 4. |       |       |       |       | [ ]  |
| 5. |       |       |       |       | [ ]  |
| 6. |       |       |       |       | [ ]  |
| 7. |       |       |       |       | [ ]  |
| 8. |       |       |       |       | [ ]  |
| 9. |       |       |       |       | [ ]  |
| 10. |       |       |       |       | [ ]  |
| 11. |       |       |       |       | [ ]  |
| 12. |       |       |       |       | [ ]  |
| Compute the Top eight VSAT Scores Average |  |       |  |

**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.