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.