

# TOP SELECT TOURNAMENT ENTRY FORM

Name of Tournament:

Sponsored By: TOP SELECT VOLLEYBALL ACADEMY

Site(s): FOUNDATION ACADEMY SOUTH CAMPUS and RDV SPORTSPLEX

Date(s) of the Event:

Club Name: \_\_\_\_\_ Director Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Team Name: \_\_\_\_\_ Coach Phone #: \_\_\_\_\_

Team Coach: \_\_\_\_\_ Coach's E-mail: \_\_\_\_\_

AAU Team Code: \_\_\_\_\_

Which team is this in your club? 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup>

Age Level (circle one) 18 17 16 15 14 13 12 10

**ROSTER INFORMATION** (Fill out the roster in full or send AAU event roster)

HEAD COACH \_\_\_\_\_

ASST COACH \_\_\_\_\_

PLAYER NAME	JERSEY #	AAU #
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		
11. _____		
12. _____		

Entry not accepted unless form is filled out in full and accompanied by the entry fee required. Forms must be signed by a team representative. All players of a team are required to be dressed in accordance with the AAU Official Rules. As team representative, I understand and acknowledge the policies in the Florida Region. I also understand and acknowledge that non-compliance with those policies may result in the rejection or disqualification of the tournament entry form request.

SIGNATURE \_\_\_\_\_ PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_

**Entry Fee:** 125.00 Payable To: Top Select Volleyball Academy  
**MAIL CHECKS TO:** P.O. BOX 783485, Winter Garden, FL 34778

**Entry Deadline:** when it is filled (12 teams per age group)

\*\* you may email rosters to topselectvolleyball@yahoo.com\*\*

***WWW.TOPSELECTVOLLEYBALLACADEMY.COM***