



*North Country Region | USA Volleyball*

**Adult Tournament Entry Form**

Saturday, November 10<sup>th</sup> • Coed 4's • Crystal Community Ctr, Crystal, MN

*\*Tournament Entry forms can also be found at [www.ncrusav.org](http://www.ncrusav.org) by going directly to each tournament.*

Please Print Clearly

Tournament: <b><u>COED 4'S</u></b>	Tournament Date: <b><u>Saturday, Nov. 10th</u></b>
Entry Fee: _____	Payment form: _____
Team Name: _____	
Circle Format: <u>MEN'S or WOMEN'S or COED</u> Division: <u>Open/AA</u> <u>A</u> <u>BB</u> <u>REC</u>	
Team Rep: _____	
Address: _____	
<small>Street</small>	<small>City</small>
<small>State</small>	<small>Zip</small>
Phone: (H) _____ (W) _____ (Fax) _____	
E-Mail (please provide): _____	

**SEND REGISTRATION FORM AND PAYMENT TO:**

NCR C/O Jennifer Brathol, W4138 570<sup>th</sup> Ave, Ellsworth, WI 54011 or (fax) 715-273-4216

*Roster Information*

(use the back of this form for additional players)

Player Name	Player Email Address	Membership Fee Paid (Y/N)	Jersey #	Certified Score Keeper	Certified Referee
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

\*Withdrawal from tournaments: Full refund - 15 or more days before a tournament or if a replacement team is found  
 ½ refund – less than 14 days before tournament  
 No refund – if we are not contacted at least 24 hours before tournament