Old Dominion Region Tournament Entry & Roster Form



Team Name			Team	#:				
Team Rep. 1	Name:							
Team Rep. E-mail: Indicate secondary e-mail below					m Rep. Phone #:			
Tournament	t Date:		Tourn	ame	nt Level of Play:	AA	A BB	B (circle)
Tournament			Tourn		Int Level of I lay.	ЛЛ	A DD	D (clicle)
Please Print Clear						I		
Uniform #	Player Name (Include team staff)			ff)	USA Registratio (Indicate 'NEW' w/ on-site regi	Referee / Scorer		

• This form should be emailed to the Adult Tournament Coordinator prior to registration deadline.

Phone #: E-mail: odradults@odrvb.org

- Payment for the team's tournament entry <u>must</u> be received one week prior to the schedule tournament to ensure your reservation. Registrations will be accepted up to the Wed prior, but are not guaranteed.
- Rosters are verified the morning of the tournament. Players MUST have a copy of the Membership Card in the event that verification is needed.

I certify, to the best of my knowledge, that this roster is accurate and that all persons listed are members of USA Volleyball.										
Team Rep				Printed				Date:		
Signature:					Name:					
Form of Payment:		Check	Cash	Money Order (circle)			Amount:	\$		

Checks payable to "ODR"