

CHESAPEAKE REGION VOLLEYBALL ASSOCIATION
Fellowship Invitation

FELLOWSHIP INFORMATION

Fellowship Date: Sunday, November 14, 2004
Fellowship host: Milkshake Madness Volleyball Club
Fellowship site: Discovery Sports Center
Number of teams: 10 each division Division: MA/BB/B WBB/B
Entry fee: \$80 Checks payable to: Julie Briggs/Milkshake Madness

Competition: Pool Play 2 games of 25 points*
Game 2 will be played using the deciding game format with a side switch at 13.
There are no playoffs in Fellowship competition.

Locker Room access: Yes Showers: No Food: Onsite

TO BE COMPLETED BY TEAM REPRESENTATIVE

Team Name: _____

Division: ? MA ? MBB ?MB ? WBB ?WB

Team Representative: _____

Home Phone: _____ Work Phone: _____

Email: _____

Address: _____

City/State: _____ Zip: _____

Teams will be accepted on a first received basis. Once your team has been notified of acceptance, you have until November 3 to cancel your participation in order to receive a refund. If you cancel after November 3, you will receive a refund only if the host was able to locate a replacement team.

Team Representative Signature: _____

DEADLINE FOR ENTRY

THURSDAY, OCTOBER 28, 2004

Return this form to:
Julie Briggs—Milkshake Madness VC
10731 Bear Oak Court Burke, VA 22015