

CHESAPEAKE REGION VOLLEYBALL ASSOCIATION
Fellowship Invitation

FELLOWSHIP INFORMATION

Fellowship Date: November 11, 2006
Fellowship host: GHVB Club
Fellowship site: Volleyball House
Number of teams: 10 Division: MA/BB/B
Entry fee: \$ 90 Checks payable to:

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: Showers: Food:

TO BE COMPLETED BY TEAM REPRESENTATIVE

Team Name: _____

Division: ? MA ? MBB ?MB

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 October 31 to cancel your participation in order to receive a refund. If you cancel after October 31, you will receive a refund only if the host was able to locate a replacement team.

Team Representative Signature: _____

DEADLINE FOR ENTRY

Tuesday, October 31, 2006

Return this form to:
Bea Fenzel 261 Gina Ct Pasadena, MD 21122
Make Checks Payable to: Dawn O' Shea