

CHESAPEAKE REGION VOLLEYBALL ASSOCIATION
Fellowship Invitation

FELLOWSHIP INFORMATION

Fellowship Date: November 25, 2006

Fellowship host: GHVB CLub

Fellowship site: Volleyball House

Number of teams: 10W / 10 M _____ Division: MA/BB/B & WBB/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 ? 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 14 to cancel your participation in order to receive a refund. If you cancel after November 14, you will receive a refund only if the host was able to locate a replacement team.

Team Representative Signature: _____

DEADLINE FOR ENTRY

Tuesday, November 14, 2006

Return this form to:

Bea Fenzel 261 Gina Ct. Pasadena , MD 21122

Make Checks Payable to Dawn O' Shea