

CHESAPEAKE REGION VOLLEYBALL ASSOCIATION
Tournament Invitation

TO BE COMPLETED BY TOURNAMENT HOST

Your team is invited to apply for entry into the following tournament:

Tournament date: _____

Tournament name: _____

Tournament host: _____

Tournament site: _____

Number of teams: _____ Division: Men Women Open AA A BB B

Entry fee: _____ Checks payable to: _____

Awards: None 1st Place Team 2nd Place Team 1st Place Individual 2nd Place Individual

Competition: Pool play _____ games of _____ points

Quarter-finals _____ games of _____ points

Semi-finals _____ games of _____ points

Finals _____ games of _____ points

Locker room access: Yes No Showers: Yes No Food: On site Nearby Not convenient

ACCEPTANCE - TO BE COMPLETED BY TEAM REPRESENTATIVE

Team Name: _____ Team USAV# _____

Priority Entry: No Yes - If yes, date of tournament that earned the priority: _____

Team Representative: _____ Home Phone: _____ Work Phone: _____

Address: _____ City/State: _____ Zip _____

Teams will be accepted per region policy. The Tournament Contract (reverse side) must be fully completed and signed, with entry fee attached, and received by the Division Coordinator not later than the closing date given below.

Team Representative E-Mail Address: _____

TO BE COMPLETED BY DIVISION COORDINATOR

Tournament Closing Date:

Return this form to: _____

Chesapeake Region Volleyball Association Tournament Contract

If accepted for this tournament, I understand that my team is responsible for fulfilling all work and competition requirements as set forth in USAV rules and the current Chesapeake Region Handbook. I am fully aware of the penalties that may be imposed by the Chesapeake Region for failure to fulfill team and individual competition requirements. I warrant that all individuals listed on the roster below are eligible to compete with my team, meet USAV and Chesapeake Region eligibility rules, and are aware of and will abide by the USAV Participant Code of Conduct.

The name of the certified USAV referee(s) who will work our required match(es):

My team will not have a player referee for this tournament. An additional \$50.00 is included in the payment specified below. **This fee will not be refunded**, even if the team is subsequently able to provide a referee.

The name of the certified USAV scorekeeper(s) who will work our required match(es):

My team will not have a scorekeeper for _____ match(es) in this tournament. An additional \$8.00 for one match (\$16.00 for two matches) is included in the payment specified below. I am aware that if my team must work any playoff matches, we must pay an additional \$8.00 per match to the Tournament Director prior to the start of that match.

Attached to this contract is a check in the amount of \$_____ to cover entry fees, referee fees and/or scorekeeper fees, if necessary.

If accepted, and my team withdraws from the tournament less than 11 days prior to the tournament date, **I understand that the entry fee will be forfeit.**

TEAM ROSTER INFORMATION

Team Name: _____ USAV# _____

Name of Coach: _____

| Player Name | USAV # | Uniform # |
|-------------|--------|-----------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |
| 11. _____ | _____ | _____ |
| 12. _____ | _____ | _____ |

Signature of Team Representative _____