



Hosted by Richmond Volleyball Club
September 25, 2010

ENTRY FORM

TEAM INFORMATION

Team Name _____ Division: Open A BB B
 (mark your 1st choice)

ROSTER	Male Players	Female Players

Captain's Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

E-mail* _____

*MUST provide a valid e-mail address to receive confirmation & other important tournament information

My team is willing to move to the next higher division if needed: Yes No

REGISTER EARLY. SPACE IS LIMITED

Registration deadline is September 17, 2010.

Late registrations will be accepted on a space-available basis only through September 22.

PAYMENT INFORMATION

Form of payment Check CREDIT CARD Visa Master Card Amex (charged upon receipt)

Name on Card: _____

Amount: \$200

Number: _____ Exp. Date: ____ / ____

Please make checks payable to:
 Richmond Volleyball Club

Please mail entry form & payment to:
 Richmond Volleyball Club/Summer's Last Call
 2921 Byrdhill Rd., Henrico, VA 23228

Or email pdf to:
 rvc@rvc.net

