VHSL, 1642 State Farm Blvd. Charlottesville, VA 22911
434-977-8475 (office) -- 434-4977-5643 (fax)

VHSL VOLLEYBALL TOURNAMENT ENTRY FORM

TEAM ROSTER

Check one: District ___ Regional: ___ State: ___ ___ Boys ___ Girls

Check one: AAA ___ AA ___ A ___

Instructions: Provide completed copies of **TYPED** form to district, regional and state tournament directors no later than the deadline specified by each director. Keep on copy for your files. DO NOT SEND TO VHSL OFFICE.

School: _____ District: _____ Region: _____ Group: _____

Date of Tournament: _____ Site of Tournament: _____

SQUAD AND ROSTER INFORMATION

Numerical Order	Players (Denote captains with *)	Height	Position	Year in School

I hereby submit the above entries and certify to our acceptance of the general regulations governing the tournament to the eligibility of these entries under current League regulations.

DATE: _____ Signed: _____, Principal
(Athletic Director or Coach may sign this form for regional or state events.)

HEAD COACH (PRINT): _____ HOME PHONE NO: _____

ASST. COACH (PRINT): _____ HOME PHONE NO: _____

VHSL VOLLEYBALL TOURNAMENT ENTRY FORM

REGULAR SEASON RECORD

TYPE: Fill in the name of your school in the blank below and the scores for your team in the left column below. In the middle column identify your opponent and in the right column your opponent's score. **Include only your regular season game scores.**

School: _____

Your Score	Your Opponent	Opponents Score

SEASON RECORD

District Record:	Won ___	Lost ___
Regional Record:	Won ___	Lost ___
AAA Record:	Won ___	Lost ___
Overall Record:	Won ___	Lost ___

TEAM SCHOOL INFORMATION

Head Coach:		Superintendent:	
Assistant Coach:		Principal:	
Assistant Coach:		Athletic Director:	
Team Captain:		Assistant AD:	
Team Manager:		School Colors:	
Scorekeeper:		Nickname:	
Team Trainer:		School Location:	