OHIO VALLEY REGION
Advancing the Sport of Volleyball
www.ovr.org

OVR Tournament Entry Form

This entry will not be accepted unless correctly completed, signed, and accompanied by the entry fee.

Tournament location: _____ Tournament date: _____

Team: _____

Team registration number (all teams): _____

11-charcter team code (juniors' teams): _____

IMPACT- or CAP-certified coach (juniors' teams): _____

certification (circle one): IMPACT CAP 1 CAP 2 CAP 3

Team representative: _____ E-mail address: _____

Street: _____ Phone (home): (____)_____-_____

City: _____ State:____ Zip:_____ Phone (cell): (____)_____-_____

	men's	women's	girls'	boys'
Division: (circle one)	AA A BB B	AA A BB B	18N 17N 16N 15N 14N 13N 12 11 10 18R 17A 16A 15A 14A 13R 17R 16R 15R 14R	18 17 16 15 14 13 12

Player	USAV #	Uniform #

Entry fee: _____

Entry payable to: _____

Mail to: _____

The undersigned hereby states that the above data are correct, and full information is included. Possible penalties include rejection of entry or disqualification. The above persons should have read carefully the eligibility rules applying to USA Volleyball play.

Signature of team representative: _____ Date: _____