Fort Bend Fire 2011/12 Junior Girls AAU Volleyball Tournament Entry Form

FBF Phone: 281-341-0200

Club Name _____ Today's Date: _____

Club Director Name: _____ Team Name: _____

Club Director Cell:		Team Coach:	
Address:		Coach's Phone:	
City/State/Zip:		Coach's Email:	
Club Director Email:		Club AAU Member #	
Tournament Date:		**Age Group:**	

PLAYER NAME	UNIFORM #	AAU #

ENTRY FEE: $135

Per Tournament

Pay to: Fort Bend Fire Volleyball

Mail entries to:

Fort Bend Fire

727 Plantation Drive

Richmond, TX 77406

c/o Cindy Nidever

Contact Person: Keith Johnson keith@fortbendfire.com

The entry blank must be completed in full, signed by the team representative and accompanied by the entry fee in order to be valid for acceptance into the tournament. The undersigned hereby certifies that the information provided is accurate. The host tournament director, at his/her discretion may request the provision of an individual member's AAU registration card and a picture ID for the purpose of verifying a player's eligibility.

Signature of Team Representative: _____ Date: _____