

2010 Gateway Adult Regional Championships

OFFICIAL TEAM ROSTER

CLUB NAME:

TEAM NAME:

TEAM CODE:

TEAM REP:

ADDRESS:

CITY:

STATE: ZIP + 4: -

HOME PHONE:

WORK PHONE:

EMAIL (required):

MAKE CHECK PAYABLE TO:

Gateway Region USAV

MAIL FORM TO:



Team Rep - Complete Prior to Sending with Entry Fee

TOURNAMENT NAME:

TOURNAMENT DATE:

PLAYING SITE:

TOURNAMENT DIRECTOR:

ENTRY FEE:

ENTRY DEADLINE:

TOURNAMENT LEVEL: (CHECK APPLICABLE)

MEN WOMEN

AA A BB B

Entries received by deadline are guaranteed entry into the tournament. After the deadline, teams will be accepted as needed to fill pools.

* THIS TEAM HAS CAPABLE OFFICIALS

Tournament Roster (must be updated prior to the start of play).

TOURNAMENT ROSTER

#	NAME	PLAYER USAV #	LEVEL	UNIFORM NO.	CHECK ALL THAT APPLY	
					REFEREE	SCOREKEEPER
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>			<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Team Representative

Date Signed

By signing, I certify that the above information is correct and I agree to abide by the rules / policies of the Gateway Region and USAV