



4th PRCUA NATIONAL VOLLEYBALL TOURNAMENT

November 5-6, 2021 | Romeoville, IL
Hosted by PRCUA District 8



ENTRY FORM

Team Name _____ City _____ State _____

Mark the circle to indicate in which division your team will play:

☐ MEN (6 vs 6) ☐ WOMEN (6 vs 6) ☐ CO-ED (6 vs 6)

Each player may only sign one roster and must submit a Waiver of Liability form for 2021. This tournament is for PRCUA members only. Non-members should contact the PRCUA at 773-782-2642. Players must agree to abide by the PRCUA rules and regulations of good sportsmanship and fair play on and off the courts. MHSAA Volleyball Rules apply; no libero.

Entry fee is \$50.00 per team and must be paid prior to the tournament. Fees are non-refundable. Make checks payable to **PRCUA Volleyball** or use the online payment option at www.prcua.org/payonline, indicating you are paying for: "Volleyball Tournament - Team Name." Send application and fee to: PRCUA Fraternal Department, 984 N. Milwaukee Ave., Chicago, IL 60642-4101 or fraternal-department@prcua.org.

As manager or coach of the team indicated below, I am responsible for the conduct of all of my team players and for the correctness of all of the listed information. I understand that if any player's information has been falsified for any reason, all games in which that player(s) participated will be forfeited.

Captain/Coach _____ Address _____

City _____ State _____ Zip _____ Phone _____

Signature _____ Date _____

Entries must be received no later than Friday, October 22, 2021

	PRINT PLAYER'S FULL NAME	ADDRESS: STREET, CITY, ZIP	PHONE #	EMAIL ADDRESS	SOC. NO.	ROST. NO.	BANQ*
1							<input type="checkbox"/> Yes No. ____
2							<input type="checkbox"/> Yes No. ____
3							<input type="checkbox"/> Yes No. ____
4							<input type="checkbox"/> Yes No. ____
5							<input type="checkbox"/> Yes No. ____
6							<input type="checkbox"/> Yes No. ____
7							<input type="checkbox"/> Yes No. ____
8							<input type="checkbox"/> Yes No. ____
9							<input type="checkbox"/> Yes No. ____
10							<input type="checkbox"/> Yes No. ____
11							<input type="checkbox"/> Yes No. ____
12							<input type="checkbox"/> Yes No. ____

* Please indicate if each participant is attending awards banquet and number of additional guests.

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