

7TH NATIONAL PRCUA VOLLEYBALL TOURNAMENT

ENTRY FORM

NOVEMBER 15-16, 2024 CENTER LINE, MI



TEAM NAME _____

CITY _____ STATE _____

MARK THE CIRCLE INDICATING 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 2024 PRCUA Waiver of Liability form. This tournament is for PRCUA members only. Non-members should contact the PRCUA at 773-782-2755. 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.

	PRINT - PLAYER'S FULL <u>LEGAL</u> NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE	EMAIL ADDRESS	SOCIETY#	ROSTER #
1									
2									
3									
4									
5									
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11									
12									

AS MANAGER OR COACH OF THE ABOVE TEAM, I AM RESPONSIBLE FOR THE CONDUCT OF ALL OF MY TEAM PLAYERS AND FOR THE CORRECTNESS OF ALL OF THE ABOVE 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.

MANAGER/COACH _____ PHONE _____ EMAIL _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

ALL ENTRIES MUST BE RECEIVED BY FRIDAY, OCTOBER 18, 2024 Entry fee is \$100.00 per team and must be paid prior to the tournament. Fees are non-refundable. Make checks payable to PRCUA 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 or Fraternal-Department@prcua.org. **INCOMPLETE ENTRY FORMS WILL BE RETURNED**