

**2018 MJVBA
REGULAR SEASON, TOURNAMENT ENTRY FORM**

Club Name _____ MJVBA Club ID _____

Club Director _____ Email _____

Address _____ City _____ Zip _____

Cell (_____) _____

Tournament Host Stinger Volleyball Club **Tournament Date** Saturday, February 3, 2018

Team Name _____ **Team ID** _____

Coach _____ Cell (_____) _____

Age Group _____ Level: **1/2 (Elite/Good)** **3 (Average)** **4 (Novice)**

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Coach _____ Cell (_____) _____

Age Group _____ Level: **1/2 (Elite/Good)** **3 (Average)** **4 (Novice)**

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Coach _____ Cell (_____) _____

Age Group _____ Level: **1/2 (Elite/Good)** **3 (Average)** **4 (Novice)**

February 3, 2018 - Make check payable to the **Stinger Volleyball Club** and mail to host tournament director: Stinger VBC, 4240 East Bacon Road, Hillsdale, MI 49242.

Total number of teams _____ X \$100.00 = _____