

FREEPORT/ROCKFORD 2010 JUNIOR GIRLS' TOURNAMENT SERIES

OFFICIAL ENTRY FORM

Club Name _____	Club Director/Rep _____
Club Director/Rep E-Mail _____	Club Director/Rep Phone _____
Mailing Address _____	City, State _____ Zip Code _____

- Instructions:
1. Complete form with all entries. Be sure to "x" each event entered.
 2. Attach copies of team rosters with USAV #s to entry form.
 3. Make check payable to:
Club Fusion
 4. Mail form, rosters and check.

Mail Entry Form & Check to:
 Fusion Sports Center
 11104 S. Grant Hwy
 Marengo, IL 60152

Tournament Director:
 Eric Schulze (815) 923-4466
 eschulze@clubfusionvb.org

FREEPORT FEST			all events USAV sanctioned		Team Entry #1		Team Entry #2		Team Entry Fee(s)		
Select	Age Division	Date	Team Name	Team USAV #	Team Name	Team USAV #	# Teams	Entry	Total		
<input type="checkbox"/>	16 & Under	Sunday, January 10th	_____	_____	_____	_____		x \$145	= \$ _____		
<input type="checkbox"/>	16 & Under	Saturday, January 23rd	_____	_____	_____	_____		x \$145	= \$ _____		
<input type="checkbox"/>	16 & Under	Sunday, February 21st	_____	_____	_____	_____		x \$145	= \$ _____		
<input type="checkbox"/>	15 & Under	Saturday, January 9th	_____	_____	_____	_____		x \$145	= \$ _____		
<input type="checkbox"/>	15 & Under	Sunday, January 24th	_____	_____	_____	_____		x \$145	= \$ _____		
<input type="checkbox"/>	14 & Under	Sunday, January 17th	_____	_____	_____	_____		x \$145	= \$ _____		
<input type="checkbox"/>	14 & Under	Saturday, January 30th	_____	_____	_____	_____		x \$145	= \$ _____		
<input type="checkbox"/>	14 & Under	Sunday, March 7th	_____	_____	_____	_____		x \$145	= \$ _____		
<input type="checkbox"/>	13/12 & Under	Saturday, January 16th	_____	_____	_____	_____		x \$145	= \$ _____		
<input type="checkbox"/>	13/12 & Under	Sunday, January 31st	_____	_____	_____	_____		x \$145	= \$ _____		
								Fest Sub Total	= \$ _____		

**entries close two weeks prior to event*

FUSION CLASSIC			all events USAV sanctioned		Team Entry #1		Team Entry #2		Team Entry Fee(s)		
Select	Age Division	Date	Team Name	Team USAV #	Team Name	Team USAV #	# Teams	Entry	Total		
<input type="checkbox"/>	16 & Under	Sunday, March 28th	_____	_____	_____	_____		x \$145	= \$ _____		
<input type="checkbox"/>	15 & Under	Sunday, March 28th	_____	_____	_____	_____		x \$145	= \$ _____		
<input type="checkbox"/>	14 & Under	Sunday, March 14th	_____	_____	_____	_____		x \$145	= \$ _____		
<input type="checkbox"/>	13 & Under	Sunday, March 14th	_____	_____	_____	_____		x \$145	= \$ _____		
<input type="checkbox"/>	12 & Under	Sunday, March 14th	_____	_____	_____	_____		x \$145	= \$ _____		
								Classic Sub Total	= \$ _____		

**entries close two weeks prior to event*

The undersigned hereby states that rosters have been attached to this form and that the attached information is correct and complete. Penalty may be rejection of entry or disqualification. All registered team members should have carefully read the eligibility rules that apply to USAV play. Player jerseys must be numbered from 1 to 99 inclusively. The numbers must be a different and contrasting color to the jerseys.

Club Director/Rep Signature: _____

Freeport Sub Total	= \$ _____
Classic Sub Total	= \$ _____
Total Entry Fee(s)	= \$ _____

(make check payable to Club Fusion)