2026 Girls AAU Volleyball Volleyball East Tournament Entry Form

Tournament Site:			Date o	of Event:	
Club/Tear	n Name:		Te	am Age:	
Team Rep:			Team Coach:		
Address:			Coach's Phone:		
City/State/Zip:			Coach's Email:		
Rep Email:			Club AAU #:		
Rep Phone:					
All Coaches a	nd Players must hav	ve AAU numbers fo	r team to be registe	ered.	-AAU Requirement, no exceptions
Player/Coach Name		Uniform #	AAU#		
					Tournament Fee: \$260.00
					Mail Entries to:
					Volleyball East 726 Anderson Ferry Rd Mount Joy, PA 17552
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Qı	estions or comments	, contact Kristin Heln	n at volleyballeast08	@comcast	.net
to be valid for accep accurate and up-to-	ompleted in full, signe stance into the tourna date. The host tourna s AAU registration card	ment. The undersign iment director, at his,	ed hereby certifies th her discreation may	nat the info request the	rmation provided is e provision of an
Signature of Team Representative:					Date: