2027 Boys Middle Atlantic Grand Prix

AAU Tournament Entry Form

Tournament Site: _____ **Date of Event:** _____

Club/Team Name: _____ **Team Age:** _____ **open / club**

Team Rep:		Team Coach:	
Address:		Coach's Phone:	
City/State/Zip:		Coach's Email:	
Rep Email:		Club AAU #:	
Rep Phone:		**Grand Prix Fee:**	**$300 ($25 Late Fee after Jan 24)**

All Coaches and Players must have AAU numbers for team to be registered. **-AAU Requirement, no exceptions**

Player Name	Uniform #	AAU #	Player Birthday

Coaches/Manager Names		AAU #

Mail Entry to:
Volleyball East
726 Anderson Ferry Rd
Mount Joy, PA 17552

Questions or comments, contact Kristin Helm @ volleyballeast08@gmail.com

The form must be completed in full, signed by the team representative and accompanied by the entry fee in order to be valid for acceptance into the tournament. The undersigned hereby certifies that the information provided is accurate and up-to-date. The host tournament director, at his/her discreation may request the provision of an individual member's AAU registration card and a picture ID for the purpose of verifying a player's eligibility.

Signature of Team Representative: _____ Date: _____