# 2026-2027 Boys AAU Volleyball
# Volleyball East Tournament Entry Form

Tournament Site: _____ Date of Event: _____

Club/Team Name: _____ Team/Age: _____

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|---|---|---|---|
| Team Rep: | | Team Coach: | |
| Address: | | Coach's Phone: | |
| City/State/Zip: | | Coach's Email: | |
| Rep Email: | | Club AAU #: | |
| Rep Phone: | | **Tournament Fee:** | **$280.00** |

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

| Player Name | Uniform # | AAU # | Player Birthday |
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| Coaches/Manager Names | | AAU # |
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**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: _____