

2009 GATEWAY GIRLS' FESTIVAL



15s, 16s, 17s & 18s
February 14 & 15
St. Louis Metro Area



For Office Use Only

Date Entry Received: _____

Payment: _____

Check #: _____

Owes: _____

Confirmed: _____

Club Name: _____ Team Name: _____

Division: (check appropriate level): 15s 16s 17s 18s

Team USAV ID No: _____

Region: _____

Team Representative: _____

Address: _____

City: _____ St: _____ Zip: _____

Home Phone: (_____) _____ Work: (_____) _____

Fax: (_____) _____ Email: _____

The undersigned hereby states that the information on this form is correct and the entered team will abide by all USA Volleyball rules and regulations. The Gateway Region requires an IMPACT certified coach be on the bench.

Signature of Team Representative

Date

Entry Fee: \$300 before January 9; \$350 if accepted after January 9
Make checks payable to "Gateway Region USAV"

PLAYER'S NAME	USAV NUMBER	UNIFORM NUMBER	HEIGHT	GRAD YEAR
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

SEEDING INFORMATION

Please list your team's results for this season only.

This information is optional - however, it will be helpful to correctly seed the tournament.

Date	Tournament	Finish/# Teams	Opponent (Club & Team)	Region	W or L
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please include any other information you would like us to consider such as number 1 or 2 team in a club, won nationals at 14s division, etc...
