

VOLLEYBALL TOURNAMENT REGISTRATION FORM

Team Name _____

Team Captain _____ E-mail _____

Address _____ Phone Number _____

List Additional Players Below: *(players must 18 years of age or older and teams must consist of 6-10 players including team captain)*

Name _____ E-mail _____

Name _____ E-mail _____

Name _____ E-mail _____

Name _____ E-mail _____

Name _____ E-mail _____

Name _____ E-mail _____

Name _____ E-mail _____

Name _____ E-mail _____

Name _____ E-mail _____

EARLY REGISTRATION - DCTC TEAM (\$10)

(one team member must be a DCTC student, alumni, faculty or staff)

EARLY REGISTRATION - NON-DCTC TEAM (\$20)

Early registrations must be received by noon on Sept. 11
Print and mail entry form and check (payable to DCTC Foundation) to:

DCTC Volleyball Tournament
c/o Erin Larsen
1300 145th Street East
Rosemount, MN 55068

TOURNAMENT DAY REGISTRATION DCTC AND NON-DCTC TEAMS (\$25)

Bring this completed registration form along with payment on the day of the tournament.