

# PIERZ PRIDE VOLLEYBALL TOURNAMENT APPLICATION

Team Name: \_\_\_\_\_ Team Rank in your club (ex 18-1)

## TEAM REPRESENTATIVE

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## PHONE

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

*(MUST HAVE)*

## DIVISION

13    14    15/16    17/18

A check for the amount you owe must accompany this application.

Make checks payable to: **PIERZ VOLLEYBALL CLUB**

### ***Mail entry fee & registration to:***

Pierz Pride Tournament  
C/O Wally Brown  
112 Kamnic Street  
Pierz, MN 56364

OFFICE USE ONLY

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date rec'd \_\_\_\_\_ Check Number \_\_\_\_\_ Label Made \_\_\_\_\_ Spreadsheet