

VOLLEYBALL TOURNAMENT REGISTRATION
(\$10 entry fee per team)

Club _____ Number of Teams _____
_____ Junior Team(s) _____ Senior Teams(s)

Grade and Name of Captain of each team:

_____	_____
_____	_____
_____	_____
_____	_____

Adult Supervisor: _____

Address: _____

Phone: _____

Amount enclosed: _____

Make checks payable to: Ozaukee County 4-H Older Youth

Due: March 26, 2010 by 5:00pm

**Send to: University Extension Office
Volleyball Registration
Administration Center
P O Box 994
Port Washington, WI 53074**

No late entries accepted!!
**(Remember the mail service takes
several days for delivery.)**

Please list team members on the back of this sheet. ➡ ➡ ➡ ➡ ➡ ➡

