



Presents

**The 2nd Annual Power Slam
Grass Volleyball Tournament**

Rain or Shine no rain date – **November 21, 2009** – 9:30am – Stetson University Rinker Field
Registration opens @ 8:00 am (walk on teams accepted day of, if space available \$25 per player)

Team & Partnership Application

Team Name: _____ Team Captain: _____
Address: _____ City: _____ St: _____ Zip: _____
H-Phone: _____ / _____ W-Phone: _____ Cell: _____
E-mail: _____
Company Name: _____ Contact: _____
Address: _____ City: _____ St: _____ Zip: _____
Phone: _____ X _____ E-mail: _____

I heard about this event from: (circle one) Internet Radio Friend T V Flyer

Team Fees (4-Player Teams)

Adult Teams: Men's, Women's, & Coed Divisions \$80.00 per team
Junior & Family Teams: Boys & Girls 18, 16, 14 & under; Family 14 & under \$80.00 per team
Stetson University Students/Faculty: Any division \$60.00 per team (additional players \$15)

Select Division (circle one): **Men's** **Women's** **Co-Ed** **Juniors (boys/girls) 14-16-18** **Family**

Teams Entering _____ Total Cost \$ _____ Include additional fee for extra players

Partnerships

- \$ 300** Listing on PVA Comm. Board, link on Partners Page, Logo on Tournament Shirts, (1) Team Entry \$ _____
- \$ 100** Listing on PVA Community Board & Link on Partners Page on website . \$ _____
- \$ 75** Vendor Booth at the tournament
- \$ 25** Business name on PVA Community Board \$ _____
- \$20, \$15, \$10 or \$5** – Charity donation toward scholarships for athletes \$ _____

T-shirt Information

White Tournament T-shirts are included in all team fees entered by November 10th.

(Please select shirt sizes for team and quantities below)

Small _____ Medium _____ Large _____ XL _____ 2 XL _____ 3XL _____

Make checks payable to: **Power Volleyball Academy**

Mail to: PO Box 5803, Deltona, FL 32728

Credit card payments may be made on our website click the Registration button.

www.powervolleyballacademy.org Email: powervball@gmail.com Phone: 386-785-5174

Total Enclosed: \$ _____ Check #: _____ Date Received _____

Team Members

PLAYER 1
NAME _____
ADDRESS _____
CITY _____
STATE _____ ZIP _____
EMAIL _____
PHONE _____

PLAYER 2
NAME _____
ADDRESS _____
CITY _____
STATE _____ ZIP _____
EMAIL _____
PHONE _____

PLAYER 3
NAME _____
ADDRESS _____
CITY _____
STATE _____ ZIP _____
EMAIL _____
PHONE _____

PLAYER 4
NAME _____
ADDRESS _____
CITY _____
STATE _____ ZIP _____
EMAIL _____
PHONE _____

PLAYER 5
NAME _____
ADDRESS _____
CITY _____
STATE _____ ZIP _____
EMAIL _____
PHONE _____

PLAYER 6
NAME _____
ADDRESS _____
CITY _____
STATE _____ ZIP _____
EMAIL _____
PHONE _____

Please make sure to fill in all information completely and be sure it is LEGIBLE.

Thank you to one of partners E.O. PAINTER PRINTING COMPANY for your support!

Thank you for participating with us!!

