

**2023 MJVBA
REGULAR SEASON, TOURNAMENT ENTRY FORM**

Club Name _____ MJVBA Club ID _____

Club Director _____ Email _____

Address _____ City _____ Zip _____

Cell (_____) _____

Tournament Host _____ **Tournament Date** _____

Team Name _____ **Team ID** _____ **Play Wave (AM/PM)** _____

Coach _____ Cell (_____) _____

Age Group **18 17 16 15 14 13 12 10** Level: **1/2 (Elite/Good) 3 (Average) 4 (Novice)**

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Coach _____ Cell (_____) _____

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Regular Season tournaments: Make check payable to the **Team Detroit VBC** and mail to PO Box 251922, West Bloomfield, MI 48325. Total number of teams _____ x \$125.00 = _____