2023 MJVBA REGULAR SEASON, TOURNAMENT ENTRY FORM

Club Name	MJVBA Club ID	
Club Director	Email	
Address	City	Zip
Cell ()		
Tournament Host	Tourns	ament Date
Team Name	Team ID Pla	ay Wave (AM/PM)
Coach	Cell ()	<u></u>
Age Group 18 17 16 15	14 13 12 10 Level: 1/2 (Elite/Good	d) 3 (Average) 4 (Novice)
Team Name	Team ID Pl	lay Wave (AM/PM)
Coach	Cell ()	
Age Group 18 17 16 15	14 13 12 10 Level: 1/2 (Elite/Good	d) 3 (Average) 4 (Novice)
Team Name	Team ID Pl	lay Wave (AM/PM)
Coach	Cell ()	
Age Group 18 17 16 15	14 13 12 10 Level: 1/2 (Elite/Good	d) 3 (Average) 4 (Novice)
Team Name	Team ID Pl	lay Wave (AM/PM)
Coach	C.11 (
	Cell ()	_
	14 13 12 10 Level: 1/2 (Elite/Good	
Age Group 18 17 16 15		d) 3 (Average) 4 (Novice)
Age Group 18 17 16 15 Team Name	14 13 12 10 Level: 1/2 (Elite/Good	d) 3 (Average) 4 (Novice) lay Wave (AM/PM)

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 = ____