Prior Lake Tournament

Saturday, April 11 – 12, (15)16
Saturday, May 2 – (13)14
Prior Lake High School
7575 W. 150th St.
Savage, MN 55378

Registration Form

Date Received: ___/___/___ **Check #:_____** **Amount: _____**

Club Name:	**Team Name:**
Contact Name:	**Address:**
Phone #:	**E-Mail Address:**
Saturday, April 11th **___ 12 ___(15) 16**	**Saturday, May 2nd** **__ (13) 14**

Please Return form to:	Kristi Malmgren Club Extreme Volleyball 14728 Embry Path Apple Valley, MN 55124	Make Checks Payable To: $100 Club Extreme Volleyball

Roster (please include a roster for each team entered, you may attach USAV Roster)

First Name	Last Name	Uniform #	USAV #
Head Coach:			
Coach:			
Manager:			