

Volleyball Hall of Fame



Holyoke, Massachusetts

Yes, we are interested in being considered for the 2009 High School Girls Volleyball Hall of Fame Showcase of Champions Event / Oct 10-12, 2009

SCHOOL: _____ STATE: _____

Would you be interested in participating in more than one tournament day? Yes or No

Which day(s) are you available to play? Saturday Sunday Monday (Circle all that apply)

HEAD COACH INFORMATION: (Please fill in all information listed)

Name: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Best number to reach me at during the day: Home Work Cell

Director of Athletics Information:

Name: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Best number to reach me at during the day: Home Work Cell

Girls Volleyball Team Information:

Division or Class for Volleyball: _____ Previous Season Record: _____

Number of Varsity Players Returning: _____ Playoff Finish Last Year: _____

of League Titles: _____ # of Sectional Titles: _____ # of State Titles: _____

Biggest Rival Team: _____ Average Attendance at Volleyball Matches: _____

Projection for this Season: _____

* If more teams apply than can be accommodated, the "best" teams will be selected by committee. Notice will be sent out to all teams confirming their status and the number of matches scheduled. Application is open to all teams. This form may be reproduced and forwarded to any interested teams. By returning this form, you agree to be scheduled to play an unknown opponent on any day(s) you listed as available. Teams playing 2 tournament will play on consecutive days.