

**Dig the New Year - Volleyball Tournament**

**January 2-3, 2021**

Division \_\_\_\_\_

Team Name \_\_\_\_\_

Team Colors \_\_\_\_\_

Name	Cell	Email	Address	City	State	Zip
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Team Coach \_\_\_\_\_

Team Contact if not Coach \_\_\_\_\_

Name	Jersey #	DOB	Age
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Player \_\_\_\_\_

Player \_\_\_\_\_

Player \_\_\_\_\_

Player \_\_\_\_\_

Player \_\_\_\_\_

Player \_\_\_\_\_

Player \_\_\_\_\_

Player \_\_\_\_\_

Player \_\_\_\_\_

Player \_\_\_\_\_

Player \_\_\_\_\_

Player \_\_\_\_\_

Player \_\_\_\_\_

Player \_\_\_\_\_

\*Each player must have a signed waiver. You may scan and email or bring hard copy to tournament.  
Scan and email to [debi@abilenevisitors.com](mailto:debi@abilenevisitors.com) or fax to 325-676-1630