ST. STEVEN'S VOLLEYBALL TOURNAMENT REGISTRATION FORM

SEPTEMBER 20-21, 2025 | SERBFEST LA | 1621 W GARVEY AVENUE, ALHAMBRA CA 91803

TEAM INFORMATION

TEAM NAME: .....

CONTACT NUMBER: .....

CAPTAIN NAME: .....

CONTACT EMAIL: .....

PLAYER INFORMATION

PLAYER 1 NAME: .....

PLAYER 2 NAME: .....

PLAYER 3 NAME: .....

PLAYER 4 NAME .....

ADDITIONAL PLAYER/SUBS

NAME: .....

NAME: .....

NAME: .....

NAME: .....

NAME: .....

NAME: .....

NAME: .....

NAME: .....

NAME: .....

NAME: .....

WAIVER AND CONSENT

By signing along, I acknowledge that I have read and agree to the tournament's terms and conditions, including the waiver of liability.

TEAM CAPTAIN SIGNATURE

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