

The Miller Lite Pro Volleyball Series Tournament Registration Form

Tournament Location: _____ Tournament Date: _____

Division: _____ Women's / Men's _____

Player 1

First Name	Last Name		
Address		City	
State	Zip Code	Email Address	
Cell Phone	Home Phone	PVS Registered Yes No	

Player 2

First Name	Last Name		
Address		City	
State	Zip Code	Email Address	
Cell Phone	Home Phone	PVS Registered Yes No	

Total

PVS Registered	1 - 2	X \$25	
Non PVS Registered	1 - 2	X \$30	
Total Cost:			

Make checks out to Andrew Zamborsky and put PVS in the memo field. Mail the form and check to:
 Andrew Zamborsky
 2436 Muirwood Road
 Avon, Ohio 44011

Call me at (440) 452-5067 if you have any questions.