



2012 WILLAMETTE VOLLEYBALL CLASSIC
TOURNAMENT REGISTRATION POLICIES AND PROCEDURES

IMPORTANT

BY COMPLETING THIS REGISTRATION FORM AND SUBMITTING IT, YOU ARE AGREEING TO AND CONSENTING TO THE POLICIES AND PROCEDURES SET FORTH BELOW. PLEASE READ THESE POLICIES AND PROCEDURES PRIOR TO SUBMITTING THIS FORM. ALL CONFIRMED REGISTRANTS ARE ASSUMED TO HAVE READ THIS PAGE AND WILL BE HELD TO WHAT'S WRITTEN ON THIS PAGE.

- 1 REGISTRATION FOR THE 2012 WILLAMETTE CLASSIC WILL OPEN ON NOVEMBER 1ST, 2011.
- 2 REGISTRATION COSTS ARE \$425.00 PER TEAM. NO EARLY REGISTRATION DISCOUNTS.
- 3 PAYMENT **MUST** ACCOMPANY ALL COMPLETED REGISTRATIONS. PLACES IN THE TOURNAMENT ARE NOT CONFIRMED UNTIL FULL PAYMENT IS RECEIVED FROM EACH TEAM. THIS POLICY WILL BE STRICTLY ENFORCED.
- 4 SPOTS IN THE TOURNAMENT WILL **NOT** BE "HELD" OR "SAVED" FOR ANY TEAMS. REGISTRATION IS STRICTLY ON A FIRST-COME, FIRST-SERVED BASIS.
- 5 TEAMS MAY REGISTER BY REGULAR MAIL, ONLINE, E-MAIL, OR PHONE:
 - >> **REGULAR MAIL** - COMPLETED FORMS MUST BE ACCOMPANIED BY CHECK OR CC INFO.
 - >> **ONLINE** - CC PAYMENTS ONLY
 - >> **E-MAIL** - CC PAYMENTS ONLY - YOU MAY **NOT** MAIL A CHECK AT A LATER DATE
 - >> **PHONE** - CC PAYMENTS ONLY - YOU MAY **NOT** MAIL A CHECK AT A LATER DATE
- 6 BY COMPLETING AND SUBMITTING THIS FORM, AND THUS REGISTERING FOR THE EVENT, YOU AGREE TO ABIDE BY THE WILSON INVITATIONAL'S REFUND POLICY.
 - >> TEAMS DROPPED ON OR PRIOR TO 3/1/2012 - **75% REFUND**
 - >> TEAMS DROPPED ON OR PRIOR TO 4/1/2012 - **50% REFUND**
 - >> TEAMS DROPPED ON OR AFTER TO 5/1/2012 - **ABSOLUTELY NO REFUNDS**

QUESTIONS MAY BE DIRECTED TO:

CODY MARCH - OPERATIONS DIRECTOR

PO BOX 65

CORVALLIS, OR 97339-0065

541-231-8844

CODY.MARCH@WILLAMETTEVOLLEYBALLCLASSIC.COM



2012 WILLAMETTE VOLLEYBALL CLASSIC - MAY 11-13, 2012	
CLUB NAME:	_____
ADDRESS:	_____
CITY/ST/ZIP:	_____
DIRECTOR:	_____
PHONE:	_____
E-MAIL:	_____

BY COMPLETING THIS FORM, YOU ARE CONSENTING TO, AND AGREEING TO ABIDE BY, ALL POLICIES AND PROCEDURES SET FORTH ON PAGE ONE OF THIS FORM. PLEASE READ PAGE ONE BEFORE COMPLETING THIS FORM AND SENDING IT IN.

TEAM NAME	COACH	CELL PHONE	DIVISION (CIRCLE ONE)				QOC?
			12s	14s	16s	18s	YES NO
			12s	14s	16s	18s	YES NO
			12s	14s	16s	18s	YES NO
			12s	14s	16s	18s	YES NO
			12s	14s	16s	18s	YES NO
			12s	14s	16s	18s	YES NO
			12s	14s	16s	18s	YES NO
			12s	14s	16s	18s	YES NO
			12s	14s	16s	18s	YES NO

PAYMENT & SUBMISSION	
TEAM REGISTRATION FEE: \$425.00 NUMBER OF TEAMS: _____ TOTAL ENCLOSED: \$ _____ <u>PAYMENT MUST ACCOMPANY THIS FORM</u> SUBMIT COMPLETED FORM TO: CODY MARCH - OPERATIONS DIRECTOR PO BOX 65 CORVALLIS, OR 97339 541-231-8844 CODY.MARCH@WILLAMETTEVOLLEYBALLCLASSIC.COM	PAYMENT TYPE (CIRCLE): CHECK CR. CARD FOR CC PAYMENTS, FILL OUT BELOW INFO: CARD (CIRCLE): VISA MC AMEX DISC. NAME ON CARD: _____ CARD NUMBER: _____ EXPIRATION: _____ 3-DIGIT CODE: _____ BILLING ADDRESS: _____ _____ _____

