

2009 CLS Volleyball Tournament  
Response Form

School Name: \_\_\_\_\_  
Athletic Director: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Coach's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell: \_\_\_\_\_

1. How many teams will you be entering? \_\_\_\_\_

2. What is the earliest you could play on Friday? \_\_\_\_\_

3. What hotel will you be staying at? \_\_\_\_\_  
Number of rooms? \_\_\_\_\_

4. Please rate your team:

8<sup>th</sup> Grade Team or A Team

7<sup>th</sup> Grade Team or B Team

a. \_\_\_ Very strong

\_\_\_ Very strong

b. \_\_\_ Strong

\_\_\_ Strong

c. \_\_\_ Average

\_\_\_ Average

d. \_\_\_ Weak

\_\_\_ Weak

5. Please rate compared to last year:

8<sup>th</sup> Grade Team or A Team

7<sup>th</sup> Grade Team or B Team

a. \_\_\_ Stronger

\_\_\_ Stronger

b. \_\_\_ Same

\_\_\_ Same

c. \_\_\_ Weaker

\_\_\_ Weaker



6. Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Volleyball Roster  
Christ Lutheran Invitational Volleyball Tournament  
October 9-11, 2009

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail \_\_\_\_\_

Athletic Director: \_\_\_\_\_

Coach: \_\_\_\_\_ Cell # \_\_\_\_\_

Assistant Coach: \_\_\_\_\_

Manager: \_\_\_\_\_

Mascot / Team Name: \_\_\_\_\_

School Colors: \_\_\_\_\_

	<u>Player's Name</u>	<u>Jersey Number</u>	<u>Grade</u>	<u>Height</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____
16.	_____	_____	_____	_____
17.	_____	_____	_____	_____
18.	_____	_____	_____	_____
19.	_____	_____	_____	_____
20.	_____	_____	_____	_____

(use back if necessary)

HOTEL ROOMS  
**VOLLEYBALL TOURNAMENT**  
 OCTOBER 9-11, 2009

<u>Name of Hotel</u>	<u>Contact Name</u>	<u>Phone</u>	<u>Doubles</u>	<u>Kings</u>	<u>Total Rooms</u>	<u>Price</u>	<u>Cuf-off Date</u>
Hampton Inn 11 Winners Way East Peoria, IL 61611	Jody Owen	694-0711 fax: 694-0407	25		25	\$94.00 plus tax	<b>Sept. 11, 2009</b> 72 hour cancellation notice.
Castle Lodge 117 N. Western Peoria, IL 61604	Ann Simpson	673-8040 fax: 673-9782	40		40	\$89.99 plus tax	<b>Sept. 9, 2009</b>
Ramada & Conf. Center 4400 N. Brandywine Dr. Peoria IL 61614	Kathi Williams	686-8000 fax: 682-8237	50		50	\$89.95 plus tax	<b>Sept. 9, 2009</b>
Holiday Inn, City Centre 500 Hamilton Blvd Peoria, IL 61602	Tabetha Saust	674-2500	30		30	\$91.00 plus tax	<b>Oct. 1, 2009</b>
SpringHill Suites 2701 West Lake Ave Peoria IL 61615	Chris Whitlach Michelle Josephe	681-2700	20		20	\$99.00 plus tax	<b>Sept. 9, 2009</b>
Comfort Suites 1812 W. War Memorial Peoria, IL 61614	Marie Becker	688-3800	25		25	\$99.99 plus tax	Sept. 15, 2009 Room must be cancelled by Sept. 30th
Stoney Creek 101 Mainer Way E. Peoria IL 61611	Victoria Martin	694-1300	30		30	\$109.00 plus tax	<b>Sept. 9, 2009</b>