

2019 CLS Invitational Volleyball Tournament  
October 11-13, 2019  
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? \_\_\_\_\_

Approximate number of rooms? \_\_\_\_\_

4. Please rate your team:

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

- a. \_\_\_\_\_ Very strong
- b. \_\_\_\_\_ Strong
- c. \_\_\_\_\_ Average
- d. \_\_\_\_\_ Weak

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

- \_\_\_\_\_ Very strong
- \_\_\_\_\_ Strong
- \_\_\_\_\_ Average
- \_\_\_\_\_ Weak

5. Please rate compared to last year:

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

- a. \_\_\_\_\_ Stronger
- b. \_\_\_\_\_ Same
- c. \_\_\_\_\_ Weaker

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

- \_\_\_\_\_ Stronger
- \_\_\_\_\_ Same
- \_\_\_\_\_ Weaker



6. Comments:

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