



Scottish Open Volleyball Tournament TEAM REGISTRATION

TEAM NAME	DIVISION (tick group and level)					
	Men	Wom	Mix	1	2	3
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Team Contact (PRINT NAME)			
Home address	SOVT Weekend address	Campsite (tick)	Other (please specify)
Home phone number			
Email address			
Mobile phone number			
SOVT Weekend phone number			

Can we use your email address after the weekend to get in touch? (for evaluation / review / communication about next year)	Yes	No
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YOUR INFORMATION IS GATHERED FOR THE FOLLOWING PURPOSES

- In case we need to get in touch with you or one of your team over the weekend related to the competition or in an emergency
- Only your email address is kept after the weekend if you tick the box to stay on our mailing list

TEAM INFORMATION

Please indicate Playing/Non-playing members of your party

FULL NAME	Playing	Non-playing
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Registration is from 7.30 pm - 9.00 pm on Friday and 8.00 am - 9.00 am on Saturday

By registering to play in the SOVT Tournament your team allow photographs / video footage to be taken purely for promotional purposes of the SOVT Tournament.

Signature of Team Contact	
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HAVE A GREAT TOURNAMENT ☐