

2008 - 2009 UNIFIED SPORTS™ VOLLEYBALL TOURNAMENT

INTENT-TO-ENTER FORM

Name of School _____ Telephone () _____
Address _____
City/Town _____ Zip Code _____

is interested in participating in the Unified Sports™ Volleyball Tournament on:

- Q **Monday, May 4** — **Sheehan High School, Wallingford**
3:00 -5:30 p.m.
MIDDLE SCHOOLS
- Q **Wednesday, May 6** — **Branford High School**
3:00 - 5:00 p.m.
HIGH SCHOOLS

Name of Principal _____
Name of Coach _____
Home Telephone () _____
Coach Cell Phone () _____
e-mail address _____

of Squads _____ Skill Levels: _____ (1, 2, 3, 4)

Approximate # of students (athletes & partners): _____

Signature of Principal _____
Date _____

Signature of Coach _____
Date _____

Please return to: Ken Bragg
CIAC, 30 Realty Drive
Cheshire, CT 06410
Fax -- (203) 250-1345

Return by: April 6, 2009

