



# Deaf CO-ED Open Invitational Volleyball Tournament

**Saturday, February 3, 2018**

**8:00 am to 6:00 pm**

**(Snow date: February 10, 2018)**

**Hosted by Hampshire View Baptist Deaf Church**



Maryland School for the Deaf  
High School Gymnasium – Benson Gym  
310 South Carroll Street  
Frederick, MD 21705



Deadline is **January 18, 2018** for Team Entry Fee of **\$150** with the completed application to:

Dr. Bo A. Byun, DMD, LLC  
Attn: VB Coordinator  
11015 Stratfield Court  
Marriottsville, MD 21104

Please make your check payable to **Hampshire View Baptist Deaf Church**.

**Admission for Fans:**

\$5.00 – Adults  
\$3.00 – Children 17 and under

**Based on a 10-team entry, the prizes are as following:**

1st Place \$500.00  
2<sup>nd</sup> Place \$300.00  
3<sup>rd</sup> Place \$175.00

Each team must have at least 2 female members on court at all times. Teams are allowed to have no more than 1 hearing female on court and 1 hearing male on court.

**Please email [doctorbyun@hotmail.com](mailto:doctorbyun@hotmail.com) to ask for rules and guidelines.  
If you are a free agent with no team, contact us.**

Any adjustment to the team roster can be made by notice at any time before the tournament begins. Email at [doctorbyun@hotmail.com](mailto:doctorbyun@hotmail.com) or VP 410-696-4388. No player is allowed to play on two teams during the tournament.

# *Deaf Co-Ed Open Volleyball Tournament*



## TEAM ENTRY FORM

TEAM NAME \_\_\_\_\_

CAPTAIN \_\_\_\_\_

CAPTAIN'S ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

VP/Phone (home) \_\_\_\_\_ Email \_\_\_\_\_

## COMPLETE NAMES of PLAYERS

(write "hearing" next to a player's name if hearing)

(write age if under 18)

## Email ADDRESSES - REQUIRED

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
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10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_

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**Deadline January 18, 2018 Thursday**