



2023 AVID ‘Set for Success’ Volleyball Tournament

Saturday and Sunday, January 21-22
Bismarck, ND (division locations to be determined)

SATURDAY: Women’s 4’s (A/B); Women’s 6’s (C)
 Men’s 4’s (A/B)
 SUNDAY: Co-Ed Competitive (A/B) 4’s tournament
 Co-Ed Non-Competitive (C/D) 6’s tournament

Saturday Evening Social Provided for all Players – TBA!

Why: AVID is a college-readiness class for students who have ability and dreams to attend college. All proceeds for the tournament will support college campus visits and school supplies for those in need.

Format:

Pool play followed by tournament. All pool play matches will be two games to 21 points, no cap, win by two, with tournament being 25 points, no cap, best of 3 sets. The third or deciding set will be to 15 points, no cap, win by two. A/B teams are required to ref their own nets. C/D teams will have volunteer refs. Awards for 1st place in each division.

Entry Info

80\$ per 4-person team; \$120 per 6-person team: – Money must accompany the entry form with the roster filled out.

Please make checks payable to BHS. Send all forms to Bismarck High School
 Attn: Landon DeKrey
 800 N 8th St
 Bismarck, ND 58501

Deadline

All tournament forms and fees must be received by **Monday, January 9**. If you have any questions, please email Landon DeKrey at landon_dekrey@bismarckschools.org.

Please complete and mail to: Bismarck High School, Attn: Landon DeKrey – 800 N 8th St. – Bismarck, ND 58501

2023 AVID Set for Success Volleyball Tournament

Team Name: _____

Manager Name: _____

Manager Email: _____

Manager Phone Number: () _____

DIVISION: _____

Players’ Names

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

Liability Waiver: By my signature I hereby for myself, teammates, heirs, executors and administrators, waive and release any and all rights and claims I/we might have against the Bismarck School District arising from illness, injuries, and damages I/we may suffer as a result of my/our participation in this event. I have read this form and information provided and certify our compliance by my signature below:

Manager’s Signature: _____

Date: _____