## 4-Person Volleyball Tournament Dec. 9-10, 2023 <br> BISMARCK PARKS AND RECREATION DISTRICT

## Divisions

The Coed teams will play Saturday, Dec. 9. The Men's and Women's teams will play Sunday, Dec. 10. There must be a minimum of four teams in a division. The tournament director reserves the right to cancel, combine or divide any division. Schedules will be online approximately five days prior to the tournament.

## Point System



THREE highest players points. In Coed play, add the top two male players' and the top female player's points. After schedules have been developed, any roster changes which would alter a team's division will not be allowed.

## Tournament Format

antee. All pool play matches will be
the purposes of determining which teams will advance from pool play will be decided by the number of games won by each team. All semifinal and final matches will be the best two of three games to 21 points. Third or deciding game will be Rally Point to 15 , win by two, no cap. Awards to 1st and 2nd place in each division.

## Entry Information

\$125 entry fee
roster filled out before your entry will be accepted. Payment may be
made by credit card either in person or over the phone.
Behind each player's name indicate the league/class in which
he/she plays at this time.
team. Each team must have at least three players on the court at
all times or the match will be a forfeit.

## Entry Deadline

Allour fees must be received in the Bismarck
S and Recreation Bisrict office, 400 E. Front Ave., before 5pm on
Monday, Nov. 27, 2023. If you have any questions, please call Ethan at

## 2023 4-Person Volleyball Tournament

Team Name
Manager's Name $\qquad$ Manager's Address: $\longrightarrow$

Manager's Primary Phone:
Manager's Secondary Phone $\qquad$

Liability Waiver: By my signature I hereby for myself, my teammates, our heirs, executioners and administrators, waive and release any and all rights and claims I/we might have against the Bismarck Parks \& Recreation District and 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 entry form and information provided, and certify our compliance by my signature below:

Manager's Signature
Date

Players' Names and League Classifications
$\qquad$
$\qquad$
$\qquad$
(4) $\qquad$
(5) $\qquad$
(6) $\qquad$
Team Division/Classification


Division

Division II

Division II
Division IV

