

INTENT TO PARTICIPATE

PLEASE FAX BACK UPON RECEIPT.

THIS IS NOT YOUR TEAM ENTRY. THIS IS ONLY A NOTIFICATION OF YOUR INTENT TO PARTICIPATE. YOUR ENTRY WILL NOT BE GUARANTEED UNTIL ENTRY FORMS AND FEES ARE SUBMITTED. ENTRIES ARE ACCEPTED ON A FIRST-COME BASIS AND MUST BE RECEIVED BY THE ENTRY DEADLINE.

PLEASE CHECK: ☐ Our team will participate in this event.
☐ I would like AAU or Disney (or their designee) to call, email or fax me about Travel Accommodations.*

Age Group: _____ Team Name: _____

Club Director or Coach Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Email: _____

*If the contact person filling out this form is not the individual handling the travel accommodations, please have the appropriate person complete the bottom of this form in order to be contacted by the AAU or Disney (or their designee). If the bottom of this form is not completed the AAU or Disney (or their designee) will not be able to contact the Travel Planner.

TRAVEL PLANNER PERMISSION TO CONTACT

PLEASE CHECK: ☐ I would like AAU or Disney (or their designee) to call, email or fax me about Travel Accommodations.

Team Travel Planner: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Email: _____

RETURN THIS FORM TO: AAU Volleyball
P.O. Box 22409
Lake Buena Vista, FL 32830
(407) 934-7200
(407) 934-7242 (FAX)

DATE RECEIVED: _____