



BAXTER JACK'S

AVPNext Summer Tournament Entry Form



PLAYER INFORMATION

First name: _____

Last Name: _____

** AVPNext Membership Number: _____

Tournament Date(s): _____ Men's Women's

E-mail: _____

Phone(s): _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

PARTNER INFORMATION

First name: _____

Last Name: _____

** AVPNext Membership Number: _____

CREDIT CARD INFORMATION

Cardholder: _____

Card Card Number: _____

Expires: _____ (ex. MMY) Billing Zip: _____

**For an AVPNext Membership Application go to the Tournament Page at www.baxterjacks.com

Return Completed Entry Form to:

Baxter Avenue Volleyball Club

440 Baxter Avenue

Louisville, KY 40204

ph 502-582-3530

800-766-1098

fax 502-582-1344

rusty@tandemsport.com

