

AVA MEMBER # _____



**2015 Youth Volleyball
TOURNAMENT INSURANCE ENROLLMENT FORM**

TOURNAMENT NAME: AVA- _____

TOURNAMENT DATES _____ TO _____

TOURNAMENT DIRECTOR _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE

(_____) _____ EMAIL: _____

Tournament Director Signature: _____ (if faxed)

COMPLETE ONLY IF FACILITY OWNER REQUESTS ADDITIONAL INSURED STATUS

NAME OF FACILITY OWNER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PREMIUM CALCULATION:

OF YOUTH TEAMS _____ X \$7 = _____ PLUS \$25 = _____

You will calculate number of teams when applying. You may adjust one week prior to Event.

***IF HOSTING A SAND TOURNAMENT YOU WILL PAY \$7.00 PER 2 TEAMS!**

PAYMENT METHODS

1. CHECK – MAKE PAYABLE TO CHAPPELL INSURANCE AGENCY, 25807A COX ROAD, PETERSBURG, VA 23803
2. *FAX Application to: 804-733-2968
3. EMAIL – SUPPORT@CHAPPELLINSURANCE.COM
4. PHONE assistance: 1-800-447-6797

WE MUST HAVE A COMPLETED APP PRIOR TO PAYMENT PROCESSING

***Application and Payment must be received 7 Days Prior to Event!**