

WILDCARD APPLICATION FOR HONOURS DIVISION

School: _____
 Address: _____
 Contact Person: _____
 Email: _____
 Contact Number: _____ (School) _____ (Mobile)
 Age Group: _____ Male/ Female (please circle)
 Team Applying (School and Age Division): _____

It is a requirement for a wildcard application that the team applying participated in the 2010 State Volleyball Schools Cup in their State and age division for which the application is made.

Did you play in the relevant 2010 State Volleyball Schools Cup in the age group entered for 2010 Australian Volleyball Schools Cup: Yes/ No (please circle)

If no, you are not eligible to apply for a Wildcard into Honours Division.

Team Playing History over the past two years; (indicate N/A if the team/ school did not participate in a listed competition)

1. 2010 State Volleyball Schools Cup: _____
2. 2009 Australian Volleyball Schools Cup (AVSC): _____
3. 2009 State Volleyball Schools Cup: _____
4. Other: _____

Please indicate reasons for the application in addition to the performances listed above:

School Contact: _____
 (Teacher/Coach)

School Contact Signature: _____ Date: _____

DUE DATE: MONDAY 25th OCTOBER by 5pm EST

AVSC OFFICE
 PH: 02 6247 633 FAX: 02 6247 6722 EMAIL: avsc@avf.org.au
 POSTAL ADDRESS: PO Box 3323, Belconnen, ACT 2617



| Office Use Only | | | |
|------------------------------------|----------|----------------|--|
| Date Received: | | | |
| Wildcard Granted: | Yes / No | Date Granted: | |
| School/Player Notified of Outcome: | Yes / No | Date Notified: | |