2022 TAAF State Volleyball Tournament Entry Packet and Information

Hosted By:
City of Stephenville
Parks & Recreation Department
recpro.stephenvilletx.gov

Dates: November 11-13, 2022

Divisions: Divisions 1 & 2

8 and Under 10 and Under 12 and Under 14 and Under

Entry Fee: \$300 per Team

Entry Deadline: Friday, November 4, 2022 by 5:00pm

Entry forms, fees and certified rosters with a copy of each player's birth certificate must be received or guaranteed by your local TAAF

representative by the deadline.

Registration: Checks or Money Orders should be made payable to:

Stephenville Parks and Recreation Department

You can register by going to recpro.stephenvilletx.gov or mail in and call 254-918-1295 during operating hours from 8:00 AM to 5:00 PM.

Stephenville Parks and Recreation Department

Attn: Kara Dingman 378 West Long St. Stephenville, TX 76401

Rules: 2021-2022 TAAF Cavalcade of Sports – Youth Volleyball

Format: 3-game guarantee; pool play into single elimination bracket.

(brackets will be available online Tuesday, November 8, 2022 after

5:00 pm. Brackets will be posted at http://www.teamsideline.com/taaf

Awards: Official TAAF State Tournament Awards will be provided.

1st, 2nd and 3rd in each division.

Coaches Meeting: Mandatory coaches' meeting will be held at 6:30 PM on

Friday, November 11th at the Recreation Hall Gym. Address

is 378 W. Long St. Stephenville, TX 76401. Please send one

representative for each team.

Game Times: Games will start on Saturday, November 12th at 8:30am

depending on the number of teams registered.

Uniforms: Each team must provide their own set of uniforms with

permanently fixed 6" numbers on the back and 4" numbers

on the front per TAAF Rules.

Equipment: The official game balls will be provided. <u>Teams must supply</u>

their own warm-up balls.

Admission Fees: The admission fee is included in the entry fee.

Protest: All protest must be filed by the end of the game. Only a

coach may file a protest. Judgement calls cannot be

protested. You must notify the officials and scorekeeper so the protest is noted in the book. Please complete a protest form and submit with \$75.00 non-refundable fee in cash. Protest will be reviewed by the Protest Committee and the

ruling will be final.

Tournament Directors:

TAAF State

Commissioner Debra Taylor Email:

(409) 949-3008 dthompson@texas-city-tx.org

Food and Drink in designated areas only- NO Food or drink in Gyms

2022 TAAF Youth Volleyball State Tournament

Official Entry Form

Registration deadline: Friday, November 4, 2022 by 5:00pm
Team Name:
T.A.A.F Member City:
Division (check one)
14 and Under Div. I
14 and Under Div. II
12 and Under Div. I
12 and Under Div. II
10 and Under Div. I
10 and Under Div. II
8 and Under Div. II Player's age as of September 1st of the current school year.
Head Coach:
Address:
City:Zip:
Cell Phone: ()
Email:

Entry Fee: \$300 Per Team (includes admission fees)

Mail, email or deliver registrations form and payment to:

Stephenville Recreation Department – TAAF Volleyball Attn: Kara Dingman 378 West Long St. Stephenville, TX 76401

Checks or money orders payable to the: Stephenville Parks and Recreation Department Call 254-918-1295 to pay by phone from 8:00 AM to 5:00 PM.

Register Online by going to recpro.stephenvilletx.gov

CITY GUARANTEE FORM

This form is to be used only by teams that will not have payment by registration deadline. This form should be completed and sent by your local TAAF representative no later than Friday, November 4, 2022 by 5 PM. Teams are still responsible for turning in their certified TAAF rosters and player's birth certificates by the deadline.

It is the coach's responsibility to ensure The City of Stephenville has received your entry by the deadline! Team Name: _____ TAAF City Representing: _____ Season Record:_____ Head Coach: _____ Address: _____ City: ____ Zip: _____ Best Contact Number: ______Alternate Contact Number: _____ Email Address: ______ Division (check one) ____ 14 and Under Div. I 14 and Under Div. II ____ 12 and Under Div. I ____ 12 and Under Div. II ____ 10 and Under Div. I ____ 10 and Under Div. II _____ 8 and Under Div. II ____ 8 and Under Div. I **Guarantee by:** TAAF Member City: TAAF Member City Representative Name (printed): TAAF Member City Representative Name (signature): ______ Rep. Phone: Rep. Email:

NO

Entry Fee Guaranteed: (circle one) YES

Please Note: By submitting this form to the tournament host, you are guaranteeing that this team will attend the tournament with the proper paperwork and the entry fee will be paid.

Scan and email this guarantee form to: kdingman@stephenvilletx.gov Official Protest Form

(Protest From must be filed prior to the completion on the game)

Team Name:		
Coach's Name:		
Game Site/Game Time:		
Officials:		
Scorekeeper's:		
Gym Coordinator:		
Describe the incident that		
Ruling of Protest Commit		
Date/Time ProtestFiled:_		
Fee naid:	(\$75 cash only)	

Tournament Venue Location

Stephenville High School

Address: 2650 W Overhill Dr, Stephenville, TX 76401

Henderson Junior High School

Address: 2798 W Frey, Stephenville, TX 76401

Preferred Hotels

Information regarding dining and local attractions can be viewed at http://www.stephenvilletexas.org/list/ql/lodging-travel-15



910 South Harbin Drive, Stephenville, Texas, 76401 Phone: (254) 918-5400



121 Lockhart Street Stephenville, Texas 76401 Phone: (254) 965-8899



105 Christy Plaza, Stephenville, TX 76401 Phone: (254) 918-2444



2925 W Washington St Stephenville, TX 76401 (254) 965-7162



Texas Amateur Athletic Federation Official Team Roster Form Youth Volleyball

Region	City	Sport	Division	Team Name
NOTE: 1.) Each plaver and	NOTE: 1.) Each player and team manager should read the statement on Page 2 before completing and signing this roster.	statement on Page 2 before comp	pleting and signing this roster.	

**If applicable: Enter S.M.A.R.T. training Certification date (s) & which family unit members (guardian, father or mother) completed training

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												"S.M.A.R.T. Cert. Date & G, F, M
12.	11.	10.	9.	8.	7.	6.	5.	4.	3.	2.	1.	Print or Type Player's Name
												Bonatide Residence (Street, City, State, Zip)
												Date of Birth
												Parent/Guardian Signature * By signing, I have read the waiver form on other side of this roster.

TEAN MANAGER'S GUARANTEE: Each manager should read the statement on Page 2 before completing and signing this roster.

Manager's Address (Print or type)	Manager's Name (Print or type)
Home Phone	Signature of Team Manager
Signature of local T.A.A.F. Representative	Email address
Signature of Region Director or Region	Date

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Business Phone

Tournament Director (if applicable)