



## 2020 AVID ‘Set for Success’ Volleyball Tournament

**Saturday and Sunday, January 25-26**

**Bismarck, ND (division locations to be determined)**

SATURDAY: Women’s 4’s (A/B); Women’s 6’s (C)  
Men’s 4’s (A/B)

SUNDAY: Co-Ed Competitive (A/B) 4’s tournament  
Co-Ed Non-Competitive (C/D) 6’s tournament

### Saturday Evening Social Provided for all Players – TBA!

**Why:** AVID is a college-readiness class for students who have ability and dreams to attend college. All proceeds for the tournament will support college campus visits and school supplies for those in need.

### Format:

Pool play followed by tournament. All pool play matches will be two games to 21 points, no cap, win by two, with tournament being 25 points, best of 3 sets. The third or deciding set will be to 15 points, no cap, win by two. A/B teams are required to ref their own nets. C/D teams will have volunteer refs. Awards for 1<sup>st</sup> place in each division.

### Entry Info

**80\$ per 4-person team; \$100 per 6-person team:** – Money must accompany the entry form with the roster filled out.

Please make checks payable to BHS. Send all forms to Bismarck High School  
Attn: Tana Sukauskas  
800 N 8<sup>th</sup> St  
Bismarck, ND 58501

### Deadline

All tournament forms and fees must be received by **Monday, January 13**. If you have any questions, please email Tana at [tana\\_sukauskas@bismarckschools.org](mailto:tana_sukauskas@bismarckschools.org) or call 214-9360.

Please complete and mail to: Bismarck High School – Attn: Tana Sukauskas – 800 N 8<sup>th</sup> St. Bismarck, ND 58501

## 2020 AVID Set for Success Volleyball Tournament

Team Name: \_\_\_\_\_

Manager Name: \_\_\_\_\_

Manager Email: \_\_\_\_\_

Manager Phone Number: ( ) \_\_\_\_\_

DIVISION: \_\_\_\_\_

Players’ Names

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

3. \_\_\_\_\_

6. \_\_\_\_\_

*Liability Waiver: By my signature I hereby for myself, teammates, heirs, executioners and administrators, waive and release any and all rights and claims I/we might have against the Bismarck School District arising from illness, injuries, and damages I/we may suffer as a result of my/our participation in this event. I have read this form and information provided and certify our compliance by my signature below:*

Manager’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_