



It's Time for the Annual Blackberry Jam 4-on-4 Volleyball Tournament

Hosted by: Lowell High School Volleyball Program
Saturday, July 30th

Cost: \$40.00 per team

Location: Lowell High School
65 S. Pioneer
Lowell, OR 97452

Check-in: Starts at 7:30 am. Team meeting for schedules and instruction at 8:00 am.

Start Time: Games begin at 8:30 am.

Teams will consist of four players on the floor. Teams can be co-ed or all women, but no more than 2 men on the floor at any time. A woman must touch the ball at least once before it is returned to the opposing team. Games will be 25 minutes in length. There is no point cap.

Awards will be presented to the winning teams at the conclusion of the tournament.

Teams are strongly encouraged to pre-register as there is a ten team maximum. If there is space left a team can register Saturday morning, July 30th starting at 7:30 am, but it is recommended that communication be made advising of your intent to register prior to that date. The completed registration can be sent by email to thurman7@hotmail.com. If submitted by email payment must be made prior to participating in the tournament. Completed registration and payment can also be mailed to:

Volleyball 4 on 4
C/O Rachel Thurman
37042 Hills Creek Rd
Springfield, OR 97478

Registration forms can be found at the Blackberry Jam website:

<http://blackberryjamfestival.com/KidsActivities.html>

Please make checks payable to: Lowell High School Volleyball.

If you have any questions please contact the Jam Hotline at 1-866-516-5534 or the tournament coordinator at 541-968-1743.

The Blackberry Jam 4-on-4 Volleyball Tournament prides itself on being a family oriented event. As such inappropriate behavior and/or language can result in the immediate disqualification of a team.



Annual Blackberry Jam 4-on-4 Volleyball Tournament Registration Form

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Team Information:

Team Name: _____

Contact Person: _____ Daytime Phone #: _____

Team Demographic: _____ Female _____ Co-ed

Player Information:

Team Captain: _____ Address: _____ Phone #: _____ Age: _____ Signature: _____ (Parent/guardian if player is under 18) Emergency Contact: _____	Player 2: _____ Address: _____ Phone #: _____ Age: _____ Signature: _____ (Parent/guardian if player is under 18) Emergency Contact: _____
Player 3: _____ Address: _____ Phone #: _____ Age: _____ Signature: _____ (Parent/guardian if player is under 18) Emergency Contact: _____	Player 4: _____ Address: _____ Phone #: _____ Age: _____ Signature: _____ (Parent/guardian if player is under 18) Emergency Contact: _____

Please mail registration form with payment to: Volleyball 4-on-4, C/O Rachel Thurman @ 37042 Hills Creek Rd, Springfield, OR 97478. Checks should be made out to Lowell High School Volleyball.