

# SA VOLLEYBALL SCHOOLS CUP REQUEST TO COMBINE SCHOOLS

**Please complete all the fields below, including relevant information in as much detail as possible along with any other necessary documentation attached (Player Lists, etc.)  
Incomplete forms or forms with inadequate information will not be granted.**

Team Representative Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Division wishing to play in: \_\_\_\_\_

**Please detail any reasoning for this application, referencing relevant supporting documents and attachments (if any):**

*Each request will be considered on its own merit. Factors considered include date requested, number of players at each school, size and geographical location of school, etc.*

## Declaration

I (Team Representative) \_\_\_\_\_ have submitted the above application for the  
(Team Name) \_\_\_\_\_ team this Schools Cup, for the reasons  
stated above. I believe that, based on the reasons provided, it is most appropriate for them to play within this  
combined team. I acknowledge that, if approved, the team will be registered for the event and will be  
responsible for fulfilling all outlined obligations, including but not limited to participant duty of care, payment of  
tournament fees, and other related requirements.

**Name of Team Representative:** \_\_\_\_\_

**Role of Team Representative:** \_\_\_\_\_

**Signature of Team Representative:** \_\_\_\_\_

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

**School 1 Name:** \_\_\_\_\_

**Principal approved:** Yes / No

**School 2 Name:** \_\_\_\_\_

**Principal approved:** Yes / No

**School 3 Name:** \_\_\_\_\_

**Principal approved:** Yes / No

**PLAYER LIST ATTACHED:** Yes / No  
(include Full Names, VSA Membership numbers, Date Of Births)

**Form to be completed and returned to Volleyball South Australia by email by Tuesday 22<sup>nd</sup> July 2025:**  
**Madeeha.s@volleyballsa.com.au.**

Acceptable formats: PDF or scanned copy.

Failure to comply with restrictions as per Volleyball South Australia Rules and Regulations  
can result in the permit being revoked at the discretion of Volleyball South Australia.

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**VOLLEYBALL SA:**

**Subject to approval by the South Australian Volleyball Schools Cup Tournament Director.**

**The signature below confirms the approval of the request:**

Team name: \_\_\_\_\_

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**South Australian Volleyball Schools  
Cup Tournament Director**

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**Date**