

## ***Rater Request Form***

Club Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Form Deadline:** 10 days prior to the NCVA Power League Region Championship.

All ratings for all teams will be completed at the Power League Region Championship.

Our team(s) is/are interested in participating in the 2016 USAV Junior National Championship. We request that the NCVA Office provide a certified rater at the designated Regional Championships tournament(s) to rate our players.

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

Roster:

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

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

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

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

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7. \_\_\_\_\_

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11. \_\_\_\_\_

12. \_\_\_\_\_

13. \_\_\_\_\_

14. \_\_\_\_\_

15. \_\_\_\_\_

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

Roster:

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

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

Roster:

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