



Lutheran Sports Association of Missouri, Inc. 2026 Volleyball State Tournament Application



FILL IN THIS FORM AND PRINT A COPY TO KEEP FOR YOUR RECORDS

_____, Missouri hereby applies to participate in a Lutheran Sports Association of Missouri (LSAM) State Tournament.

By filling out this application, we certify that all participants – players, coaches, managers, statisticians, and cheerleaders – listed in this application are eligible to participate in the State Tournament per its rules and regulations, which **we have read and fully understand. (These can be found on the LSAM website. www.LSAM.org)**

Our School hereby understands and agrees that entry into the state tournament is an authorized school event and that the school accepts any and all liability and responsibility of, and holds harmless, the Lutheran Sports Association of Missouri, Inc., its directors, volunteers, host schools, tournament sites, and tournament officials, for any occurrence of participation, injury to any participant, loss and/or damage to any property or equipment. The below-undersigned parent or legal guardian hereby grants authority to the Lutheran Sports Association of Missouri, Inc., to publish team photographs and live competition action photos on its website and social media pages (Facebook, Twitter, Instagram, Snapchat, etc.) and live competition action photos, including my child, also named below.

PLEASE NOTE:

A team entry fee pays for a maximum of three (3) persons on the team staff, plus the school principal and athletic director.

- Instructions for how to fill out this application can be found on the Volleyball page of the LSAM.org website.
- **APPLICATION DEADLINE: Friday, October 2nd, 2026 @ 5 PM**
- **APPLICATION FEE: \$175** Is due when the application is submitted.
- Make all checks payable to the Lutheran Sports Association of Missouri (LSAM) and Mail to the below address
- Mailing Address: Attn: LSAM, St. Paul's Lutheran School, 407 S. Main St. Concordia, MO 64020
- Teams are encouraged to submit a Team Ad for the tournament program for \$50.
- Ads can be submitted to Drew Burnett. (dmb5h4@gmail.com)

SCHOOL/TEAM INFORMATION:

School Name: _____ Team: Nickname: _____

School Address: _____

Telephone: _____ Email: _____

Athletic Director: _____ Signature: _____

AD Telephone: _____ AD Email: _____

Principal: _____ Signature: _____

Principal Telephone: _____ Principal Email: _____

STATE TOURNAMENT COACHING STAFF AND ROSTER INFORMATION

PLEASE TYPE ALL INFORMATION; IF NO COMPUTER IS AVAILABLE, PRINT LEGIBLY IN DARK INK

School Name: _____ School Mascot: _____

TOURNAMENT COACHING STAFF

Head Coach: _____ HC Signature: _____

HC Telephone: _____ HC Email: _____

Assistant Coach #1: _____ Assistant Coach #2: _____

Statistician(s)/Manager(s): _____

TOURNAMENT ROSTER

Total Number of Players: _____

Player Name	Grade	Birth Date	Uniform Number

SEASON SUMMARY

For questions, contact Sam Moore @ SamMoore@splsconcordia.org

School Name: _____ League/Conf.: _____

Overall Record: _____ League/Conf. Record: _____ Tournament Finishes: _____

List your **ENTIRE** schedule, including dates and games remaining to be played. **LIST ONLY VARSITY (A1) OR 8TH GRADE GAMES.** Complete the table below for the games already played. This application is **NOT** valid without the completion of this summary. The more results listed, the more it helps the tournament committee.

Match #	Date	Opponent - Town	League or Tournament	Result (Win, Loss, Tie)	Set Results
Ex.	9/10	Trinity, Jefferson City	Tournament – Semifinal	W	2-1
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					