

Tryout Application

Please fill out completely with player's information- You can fill out and e-mail or fill out, print form and send by mail. Make any checks payable to: North Valley Jrs Volleyball Club or NVJVBC.

Player's Name:		For Office	<u>Use Only- Do Not Fill Out</u>	
Address:		Registrar's	Initials	
City:	State:Zip:	Paid NV Tr	yout Fee? \$10.00	
Hm Phone:	Cell Phone:	☐ Yes-C	ash Yes-Check	
E-Mail:		□ No- U	npaid	
Mother's Name:		Please Circ	rie:	
Hm Phone:Cell Phone:			Returning Player- (played for North Valley last year)	
⊏ Meil.		-	r- (did not play for North Valley last year)	
Fatharia Nama		Age:	Birth Date:	
Hm Phone:	Cell Phone:	School:	School:	
E-Mail:		What grad	What grade are you in?	
		Height:		
Which Age Group Are You Tr	ying Out For?	Dominant i	Dominant Hand:	
Please Check <u>All</u> That Apply	,			
	no were born on or after Septemb	er 1, 2007) Preferred F	Position(s):	
	no were born on or after Septemb	er 1, 2005)	le Hitter	
	no were born on or after Septemb	Middle	Blocker Libero	
	no were born on or after Septemb	Setter	☐ Defensive Specialist	
List Volleyball Experience:	List Volleyball Awards:	List all reasons that may conflict with practice or tournaments:	List other clubs you are trying out for:	
		Other Sports		
	_	_		
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