



VPA TRYOUT REGISTRATION FORM

Please print clearly

Player Name: _____

Address: _____

City _____ State _____ Zip _____

Home Phone #: _____

Date of Birth: _____

Age: _____ Grade: _____

School: _____

Parent Information: (All contact will be made through parent's email and cell)

First Names of Parents: _____

Parents Cell: _____

Parents E-Mail: _____

Player Information:

Players Height: _____

Club you played for last year: _____ Number of years playing club _____

Positions you want to play: Setter ___ Hitter ___ Middle ___ RS ___ DS/Libero ___

Positions you are willing to play: _____