

Lake Tapps Volleyball Tryouts 2019-2020 PLAYER INFORMATION FORM

TRYOUT AGE LEVEL _____

PLEASE PRINT VERY CLEAR.
THIS IS THE INFORMATION
WE USE TO CONTACT YOU
AFTER TRYOUTS!!



TRYOUT # For Staff Only

Athlete's Name _____ Birth Date _____

Current Grade _____ Current School _____

Address _____ City _____ Zip _____

Athlete's Phone _____ Athlete's Email _____

Parent's Names _____ Parent's Cell _____

Parent Email _____ Used for Communication

Previous Club Experience

Club _____ Year _____

Club _____ Year _____

Position Preferred

(mark in order of preference: 0, 1, 2, 3, 4, 5)
Put 0 if no experience/desire in a position

___ Setter

___ Libero/DS

___ Middle

___ Outside

___ Opposite