2024 TRYOUT REGISTRATION FORM For Office Use Only: Date: Color: Number: Paid: Check # Cash Credit Webstore Player Name: Player's Cell: Player Email: Mom's Name: Mom's Cell: Mom's Email: Dad's Name: Dad's Cell: Dad's Email: Street Address: City: Zip: School: 2024 Team Preference (Circle One): National Select Regional Previous Year Experience (Circle One): Team D Other (List): None Position(s) Played (Primary & Alternate): Primary Alternate Notes (Please list any special requests here): Birthday:

TEAM DETROIT VOLLEYBALL CLUB

Grade:

5 6 7 8 9 10 11

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Tryout Evaluation Results

Tryout	Primary	Alternate		
#	Position	Position		

	Setting	Defense	Serv-Receive	Serving	Atk-Pin / LR Back	Atk-Middle / Pipe	Jump-Touch	Blk-Touch	Height	Shuttle	Leadership
	(1-7)	(1-7)	(1-7)	(1-7)	(1-7)	(1-7)	(in)	(in)	(in)	(sec)	(-1,0,1)
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