DE7 202	4 TRYO	TRYOUT REGISTRATION FORM							
ZUZ	For Office	Use Only:							
	Date:	Date:				Number:			
A A	Paid:	Check #		Cash	Credit	Webstore			
Vollegsall									
Player Name:				Player's Cell:					
Player Email:									
Mom's Name:					Mom's Cell:				
Mom's Email:									
Dad's Name <u>:</u>				Dad's Ce	ell:				
Dad's Email:									
Street Address:	City:			Zip:					
2024 Team Preference (Circle One):	National	Select	Regional	School:					
Previous Year Experience (Circle One):	Team D	Other (Lis	st):			None			
Position(s) Played (Primary & Alternate):	Primary			Alternate					

Birthday:

Grade:

/ /

5 6 7 8 9 10 11 12

TEAM DETROIT VOLLEYBALL CLUB

Tryout Evaluation Results

	Tryout #	Primary Position	Alternate Position
L			

Notes (Please list any special requests here):

Setting (1-10)	Defense (1-10)	Serve Rec (1-10)	Serving (1-10)	Atk-Pin / LR (1-10)	Atk-Middle (1-10)	Jump-Touch (in)	Blk-Touch (in)	Height (in)	Leadership (1-10)