



2023 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:	
2023 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: / /		
	Grade: 5 6 7 8 9 10 11 12		

TEAM DETROIT VOLLEYBALL CLUB

Tryout Evaluation Results

Tryout #	Primary Position	Alternate Position