



2017-2018 TRYOUT REGISTRATION FORM

PLAYER NAME: _____

DATE OF BIRTH: _____ HEIGHT: _____

2016-2017 CLUB & TEAM NAME: _____

2017 SCHOOL TEAM: _____

TRYOUT OUT FOR(Circle): 11U 12U 13U 14U 15U 16U 17U 18U

POSITION: _____ RIGHTY/LEFTY _____

ADDRESS: _____

PARENT NAME: _____

PARENT PHONE: (____) _____ EMAIL ADDRESS: _____

SPECIAL REQUESTS/CONSIDERATIONS: _____

ATTENDING(Circle all that apply): SAT 10/21 SUN 10/22 MON 10/23 WED 10/25

TRYOUT FEE: \$60 PRE-REGISTERED & PAID BY 10/20/17

\$85 AT DOOR

MAKE CHECKS PAYABLE TO: B & B VOLLEYBALL

MAILING ADDRESS: B & B VOLLEYBALL, P.O. BOX 409, EAST MEADOW, NY 11554