



2017-2018 TRYOUT REGISTRATION FORM

PLAYER NAME: _____

DATE OF BIRTH: _____ Height: _____

GEVA #: _____

2016-2017 CLUB & TEAM NAME: _____

2017 SCHOOL TEAM: _____

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

POSITION: _____ RIGHTY/LEFTY _____

ADDRESS: _____

PARENT NAME: _____

PARENT PHONE: () _____ EMAIL ADDRESS: _____

ATTENDING(Circle all that apply): SAT 11/11 SUN 11/12 MON 11/13

TRYOUT FEE: \$85 AT DOOR

\$60 PRE-REGISTERED & PAID BY 11/10/17

Player responsibilities:

- GEVA membership prior to tryout
- Medical release form to be collected at tryout

MAKE CHECKS PAYABLE TO: B & B VOLLEYBALL

MAILING ADDRESS: B & B VOLLEYBALL, P.O. Box 409, East Meadow, NY 11554