

Spokane Sky Tryout Form

Personal Info:			#
Name	Age	Date of Birth	
Parent Names			
Address			
City	State	Zip Code	
Home Phone		Parent Cell Phone	
Player Cell Phone		Parent Email Address	
Volleyball Info:			
School	<input type="checkbox"/> Varsity <input type="checkbox"/> JV <input type="checkbox"/> Freshman/C		
If you played club volleyball last year...			
Club	Team	Coach	
Please rank the positions in order of your preference for this upcoming season.			
	D.S./Libero		5-1 setter
	Outside Hitter		6-2 Setter
	Middle Blocker		Right Side/Opposite
<input type="checkbox"/> Right handed <input type="checkbox"/> Left Handed		Do you have a coach/team preference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, which coach/team?			
What other school sports do you play?		What other club sports do you play?	
Are you interested in being a practice player? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe - but second choice			
May we forward your tryout information to other clubs seeking players if you don't make our teams? <input type="checkbox"/> Yes <input type="checkbox"/> No			