**2013 Fall Club Volleyball Tryout Registration Form**

|  |  |
| --- | --- |
| Name: |  |
| E-mail address: |  |
| Phone Number: |  |
| Graduation Date & classification: |  |
| School & Major: |  |
| Hometown: |  |
| Height: |  |
| Primary Position: |  |
| Secondary Position (optional): |  |
| Have you played on a high school team?Have you played collegiately? If so, for how long? |  |
| Have you played on a club team or a college clAub team? If s, for how long and what team? |  |
| Are you committed to or do you plan to join other clubs/activities/jobs? |  |
| Do you have any classes, clubs, or work that will interfere with practices? (Tu/Th/ 8-11:30pm) |  |
| Is there anything else you would like us to know about you? |  |
| Are you interested in an executive position in the club?  |  |
| Do you have any questions or concerns about the club? |  |

**For officer's use only**

Tryout #