

# 2016-17 TRY-OUTS

**“Visit our website for age group place, times and subsequent try-outs.”**

## S.A. VOLLEYBALL CLUB

[www.sahornet.com](http://www.sahornet.com)

Age group: \_\_\_\_\_ Tryout #: \_\_\_\_\_

Local, Regional or National Team: \_\_\_\_\_

SPIKER teams ( are local, non-travel teams for grades 4<sup>th</sup>-8th): \_\_\_\_\_

**Tryout fee :**

**\$40 (non-refundable) at the door. Cash ONLY:** \_\_\_\_\_

Please Print:

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

School District: \_\_\_\_\_ Height: \_\_\_\_\_ Right or Left handed (circle)

Yrs. in Club: \_\_\_\_\_ Where have you played? \_\_\_\_\_

Position(s) Played: \_\_\_\_\_ Position(s) Desired: \_\_\_\_\_

What other sports do you participate in “outside of school” (fast-pitch softball, AAU BB, competitive dance or cheer, etc.):

\_\_\_\_\_

Mothers Name: \_\_\_\_\_ Fathers Name: \_\_\_\_\_

Mom cell phone: (\_\_\_\_) \_\_\_\_\_ Father cell phone: (\_\_\_\_) \_\_\_\_\_

Mom wk. phone: (\_\_\_\_) \_\_\_\_\_ Father wk. Phone: (\_\_\_\_) \_\_\_\_\_

Mom Work Name - \_\_\_\_\_ Father Work Name - \_\_\_\_\_

Mothers Signature \_\_\_\_\_ Date \_\_\_\_\_ Fathers Signature \_\_\_\_\_ Date \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mom Work Email: \_\_\_\_\_ Father Work Email: \_\_\_\_\_

Selection to a HORNET team is on a “first come first accepted basis” and the initial down payment is required after the try-out session is completed. We cannot hold a position for anyone.

Please be prepared to make a commitment to a team once selected. With the exception of selection to our National teams, it is our goal to find a spot for everyone on a team, based on their age and athletic ability.

**FOR COACHES USE ONLY:**

Hit - Block - Set - Passing -

Serve - S/R - \*Intangibles-

Notes: