

Ridge Valley VBC
2017-18 Tryout Registration Form

Name: _____

Address: _____

City/Zip: _____

Contact Phone number: _____

Primary e-mail address: _____

School You Attend: _____

Have you signed a "Letter of Commitment" with another club? Y N

Parent's Names: _____

Current Grade: _____ Birthdate (MM/DD/YY) _____

2015 School VB Team (circle one)

Rookies 6th grade 7th Grade 8th Grade 9th Grade 10th Grade

Volleyball Experience (include coaches' names):

Extracurricular Activities (other activities or sports you participate in that MAY be a time conflict with practices or tournaments):

Tryout Fee: \$25.00 Payable to: "RVVBC"

If you have any questions please e-mail us at, ridgevalleyvbc@gmail.com