



Player Tryout information

Player Name				DOB:	
Parents Names					
Address:					
Parent Cell #				Tryout #:	
Player Cell #					
Primary Email				Age as of July 1 st of birth year:	
NCVA #			T-shirt size:		
Payment Method	☐ Cash	☐ Check #	☐ Venmo	☐ Zelle	
Check the box(es) for the desired level of play below:					
☐ 11 Premier	☐ 12 Power	☐ 12 Premier			
☐ 13 Power	☐ 13 Premier	☐ 14 Power			

Tryout Information

Date: Saturday, October 10th, 2026

Location: Vinewood Community Church (1900 W. Vine St., Lodi, CA 95242)

Cost: \$50/player Includes t-shirt

Venmo Account: @Spark_Volleyball_61 **Zelle:** (209) 401-7418

Date	Age Group	Check in Time	Tryout Time
Saturday, October 10 th	12's & 11's	9:30 am	10 am to 12 noon
Saturday, October 10 th	13's	1 pm	1:30 to 3:30 pm
Saturday, October 10 th	14's	4 pm	4:30 to 6:30 pm

PLEASE READ: I certify that my daughter is healthy and in good physical condition and can participate in Spark Volleyball Club tryouts; I hereby waive and release Vinewood Community Church, Lodi Unified School District, Spark Volleyball Club, its instructors, coaches and volunteers from any liability for personal injury arising out of my child's participation in tryouts for Spark Volleyball Club.

Parent Signature: _____ Date _____

Parent Name (Please Print): _____