



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 #					
Payment Method	☐ Cash	Check #	☐ Venmo	☐ Zelle	
Check the box(es) for the desired level of play below:					
☐ 15/16 Premier	☐ 15 Power	☐ 16 Power			
☐ 17 Power		☐ 18 Power			

Tryout Information

Date: Saturday, July 26th and Sunday, July 27th, 2025

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

Cost: Pre-registration \$30/player; At the door \$40/player

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

Date	Age Group	Check In	Tryout Time
Saturday, July 26 th	15's	1:30 p.m.	2 to 4 p.m.
Saturday, July 26 th	16's	4:30 p.m.	5 to 7 p.m.
Sunday, July 27 th	17's & 18's	8:30 a.m.	9 to 11 a.m.

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): _____