



# Greater Cincinnati Volleyball Club

## 2020 Greater Cincinnati Volleyball Club Tryout Form

Name: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Age Group Trying Out For: \_\_\_\_\_

School	
Grade	
Date of Birth	
Age	
Height	
Desired Position	
Right or Left Handed	
Address	
City, State, Zip	
Players Cell	
Players Email	
Parents Names:	
Guardian/Mom Cell Phone	
Guardian/Dad Cell Phone	
Parents E-mail	
Parents E-mail	
Have you played club before?	
If yes, Name of Club(s)?	
Do you play any other sports?	

Please send form along with \$25.00 check/money order made out to:  
 Greater Cincinnati Volleyball Club  
 Attn: Erica Thomas  
 765 Regent Road Cincinnati, OH 45245