

ALEXANDRIA TITANS VOLLEYBALL CLUB
Tryout PLAYER Registration
2018-2019 Season

TEAM TRYOUT: _____ **12** _____ **13** _____ **14** _____ **15** _____ **16**

Player Name: _____

Street Address _____

City, State, Zip _____

School/Grade _____

Date of Birth _____

Parent/Guardian _____

Phone/Email _____

CHRVA Membership # _____

Please describe any previous volleyball playing experience.

Please describe any previous sports team experience.

Tell the coaches something about yourself to help us get to know you better. For example, why do you want to play volleyball this winter?
