

# ECLIPSE

## VOLLEYBALL

Tryout Registration info: Please complete and turn in at the check in table.

### Player Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ph #: \_\_\_\_\_

Email address: \_\_\_\_\_

OVR Membership # \_\_\_\_\_

Jersey Size: YM YL AS AM L XL

Reminder: \$15 Entry fee at the table

Email is how we will correspond. Please write legible. Thank you