

TRYOUT # _____



WATERLOO TIGERS VOLLEYBALL CLUB
2017-2018 TRYOUT REGISTRATION FORM

PLAYER'S NAME: _____
(PLEASE PRINT CLEARLY)

PHONE NUMBER: _____
(PLEASE PRINT CLEARLY)

PARENT'S EMAIL: _____
(PLEASE PRINT CLEARLY)

PLAYER'S EMAIL: _____
(PLEASE PRINT CLEARLY)

BIRTHDATE: _____
(DAY / MONTH/ YEAR)