

RETURNING: YES or NO

Assigned



TEAM TRYING OUT FOR: _____

AGE: _____ D.O.B. _____

POS #1: OH/MB/LIB/OPP/SETTER/ANY

POS #2: OH/MB/LIB/OPP/SETTER/ANY

PLAYERS' NAME: _____

SCHOOL: _____ HEIGHT _____

PARENT'S NAME: _____

PREFERRED PH# _____

EMAIL: _____

Additional CONTACT # OR EMAIL? _____

DESCRIBE VBALL EXPERIENCE, IF ANY: _____

JERSEY SIZE: _____ SPANDEX SIZE: _____

WARM UP TOP SIZE: _____ WARM UP BOTTOM SIZE: _____

1ST CHOICE JERSEY #: _____ 2ND CHOICE JERSEY #: _____

FOR SUPERNOVA USE ONLY:

SERVING: 1 2 3 4 5

PASSING: 1 2 3 4 5

HITTING: 1 2 3 4 5

SETTING: 1 2 3 4 5

LEADERSHIP: 1 2 3 4 5

COACHABLE: 1 2 3 4 5

COMMENTS:

Offer extended? _____

Accepted? OR Declined?

