



Downstate Tryout Information Form

First Name: _____

Last Name: _____

Date of Birth: _____

Grade: _____

School: _____

Travel or Metro: _____

Position Preference: _____

2nd Choice: _____

Number:	_____
Color Group:	_____
Age Group:	_____
Approach Touch:	_____
Block Touch:	_____
Reach:	_____
Height:	_____

For Staff Use Only

Notes:

Primary Contact Info During Tryouts

Parent Name:	_____
Parent Email:	_____
Parent Phone:	_____
Tryout Fee Paid?	_____

Bring this form to tryouts.
Be sure to check downstatevolleyball.com for any last minute changes!