	ever of Commitment:15-1	8 National Team15-1	7 Regional P	ius ream <u>-</u>	15-16 Regio	na
PI	ayer Name:			Date of Bir	th:	
	This section to be completed at tr	youts by Little Rock Juniors Volleyb	oall Staff	DOB:		
This section to be completed at tryouts by LRJ Staff	(photo)	Dominate Hand:		USAV Age Div:		
		Height:	L=Left)	Tryc	out Numer:	
		Reach:				0
		Block Touch:				
		Approach Jump:		Team Selection:		1
		Shuttle Run: (seco	inds)			ָזָּט יַ
		Position 1: Position 2: (S=Setter; H=Hitter;M=Middle;L=I	Libero)			5
	NOTIFICATION OF TEAM SI	ELECTION CONTACT:		(Relatio	nship to Player)	
Contact Info	Contact Name:					
	cell number :					
Co	email address:					
						_
Prior Club Info	Club you played for Last Year:					
	Name of Team you were on:			Position(s) Played (S=Setter; H=Hitter;M=Middle;L=Libero)		
	Name of Coach:					
_	Name of Cabaal yay Attand					\neg
School Info	Name of School you Attend: Current Grade:	Position				\dashv
	School Team you play on:	Position(s) played:				1
	(example: Senior or Junior High: Varsity, JV, 9th)					
	TEAM COMMITMENT: It is assumed and are able to travel to out of additional hotel and travel expense.	f town tournaments with your p			•	
Conflicts	If you particpate in other activities, please indicate those activities below: (i.e. basketball, soccer, music, cheer, swimming, etc.)					
	Known dates between December and April that you will not be abe to attend practices or tournaments:					