

City of Lakes



Volleyball

COL PLAYER REGISTRATION

Name: _____ Age: _____ Date of birth: _____

School attending: _____ Grade: _____

Home address: _____

(player) e-mail address: _____

Phone number: _____ Height: _____ Jersey size (women's xs, s, m, l, xl): _____

Vb experience: _____

positions played (if known. i.e. left, right, middle, back row, setter): _____

do you play vb at a Mpls park? _____ Which one? _____

(12s-14s only) - are there any weeknights you cannot practice? _____

(12s-14s only) - do you play vb for your middle school? If so, what school? _____

(12s-14s only) - do you have any friends you'd like to play with on COL, if you could? _____

Names of friends you would like to play with _____