



1809 MacQueen Lane ♦ Knoxville, TN 37909
Phone: (865) 548-7226 Email: mhp07@bellsouth.net

Phoenix Rising Volleyball Team Application

**TRYOUT FEE IS \$200.00 AND IS DUE WITH YOUR APPLICATION AT FIRST TRYOUT.
\$50.00 of this fee is non-refundable, if a player is not selected for a team.**

Please Print

Please indicate age as of August 31, 2008 _____

Birth Day (please include year) _____

Current Grade: _____

Athlete Name _____

Parent Name _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home telephone #: _____ Parent Work #: _____

Father Cell # _____ Mother Cell # _____

Athlete Cell #: _____

Parent E-mail address: _____

Player E-mail Address: _____

High /Middle School Team Name: _____

Coach's Name: _____

Full payment of tryout fee must accompany this application at the time of registration to retain a spot in tryouts.

Volleyball Experience: (please list years playing CBFO, School, and/or Club experience)

Position Preferred: _____

Please list any other sport(s) you have participated in: _____

I understand that the total fee for participation with the Phoenix Rising Volleyball Club is divided into four payments due in by the 5th of the month or your child may be denied access to the team and all monies paid will be forfeited without recourse.

Parent's Signature: _____ Date: _____

=====

For Office Use Only

Amount Processed: _____ Date: _____ Check #: _____ Received By: _____