

## 2006 Iroquois Empire Volleyball Association High Performance Skills Evaluation Clinic

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ I am a member of USA Volleyball, My USAV # is \_\_\_\_\_

\_\_\_\_\_ I am NOT a member of USA Volleyball, I will pay \$10 for a one-day registration

Home Phone ( ) \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ U.S. Citizen? \_\_\_\_\_

Email Address \_\_\_\_\_

**Note: When writing a 'one', please emphasize the top flare and the bottom underscore (1): when writing a 'zero' please write a slash through it. Your email address MUST be legible-**

Parent/Guardian Name(s): \_\_\_\_\_ Email Address \_\_\_\_\_

Year of High School Graduation \_\_\_\_\_ T-shirt size: S M L XL

School \_\_\_\_\_ Coach \_\_\_\_\_

Club \_\_\_\_\_ Coach \_\_\_\_\_ Age Group \_\_\_\_\_

Position (either check one or identify as 1<sup>st</sup> and 2<sup>nd</sup> choice):

Setter \_\_\_\_\_ Middle \_\_\_\_\_ Leftside \_\_\_\_\_ Rightside \_\_\_\_\_ Libero \_\_\_\_\_

**HOW DID YOU LEARN ABOUT IREVA HIGH PERFORMANCE?**

Club Coach       School Coach       Flyer at Tournament  
 From a Friend       Newspaper       Other (How?) \_\_\_\_\_

**CLINIC REGISTRATION FEES**

\$25 if postmarked before April 19  
 \$40 if Mailed after April 19 or if paid on the day of the tryout  
 \$10 USAV One-Day Registration Fee for non-USAV members  
  
 **Total Amount Due**

**Payment:** Check # \_\_\_\_\_ (payable to Iroquois Empire Volleyball Association High Performance)

**PROGRAMS (check only one):**

Girls Youth Team (GYT):      Born in 1990/ 1991  
 Girls Select (GSel):      Born in 1992/ 1993 and after

**Please Note...**Tryout fees are non refundable and non transferable. Participants are responsible for tryout-related expenses.

**REGISTRATION PROCESS CHECKLIST:**

Complete Clinic registration form completely and mail with check to:  
IREVA High Performance  
C/O Don Perkins  
39 Donna Lynn Drive  
East Greenbush, NY 12061

Print a copy and bring with you to the clinic.

\*You will receive email confirmation only  
\*Please email or call if you have questions, we will not accept incomplete applications!

CONTACT: [don@ncaj.org](mailto:don@ncaj.org) or (518) 421-2213