

## 2007 Iroquois Empire Volleyball Association High Performance Skills Evaluation Clinics

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

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\_\_\_\_\_ I will attend the clinic held on April 13 @ the Syracuse OnCenter

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/DS \_\_\_\_\_ All \_\_\_\_\_

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

