



COLUMBIA EMPIRE VOLLEYBALL ASSOCIATION
www.columbiaempirevolleyball.com
Tryout Information Form

Club Name: _____

Club Website: _____

- Post this Information to the CEVA Website
 Do Not Post this Information on the CEVA Website (for sanction purposes only)

Tryout Dates

Tryout Times

Location

12-under: _____

14-under: _____

16-under: _____

18-under: _____

Parent Informational Meeting:

Date: _____

Time: _____

Location: _____

What do you charge to attend your Tryouts*: \$ _____

(*it costs \$5 per day per athlete for CEVA insurance coverage, this money is then applied to the membership cost if an athlete joins your club)

Tryout Contact Information:

Name: _____ Phone Number: _____

Email: _____

Please email lindsey@columbiaempirevolleyball.com with the above details:

or complete the form and send to: **CEVA Office**
4840 SW Western Ave., Suite 450
Beaverton, OR 97005