

Phantomz Volleyball Player Info Sheet

Player Name: _____

Parents Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Cell Phone # _____ 2nd #: _____

Player Cell: _____ (If want added to Group Chats)

Primary E-Mail _____

Secondary E-Mail (if any): _____

Player E-Mail (If want added) _____

Player's Age: _____ Player's Birthday: _____

Primary Position Played: _____ Secondary Position: _____

Current School: _____

Previous Playing Experience: (Club, Recreation)

_____ Years Played: _____

Team Preference "X": Black (Lim National-TOP Team) _____

Purple (Regional) _____ Local (DFW) _____

-----**Do Not Write Below this Line**-----

Club Director

Contact



Med Wav



Birth Cert



NTR Memb



Offer (Y, N, M) Team: _____ Position/s: _____

Coach Notes:

