

Club Tryout Information

ONLY SUBMIT THIS FORM IF YOU WANT TO HAVE YOUR TRYOUTS SANCTIONED AND POSTED BY HOA. NO TRYOUT WILL BE SANCTIONED UNTIL THE CLUB DIRECTOR HAS COMPLETED HIS/HER INDIVIDUAL REGISTRATION.

Please provide us with the following information concerning tryouts for your club:

Name of your Club: _____

Region Area: (ie. NE Kansas) _____

Ages Offered: _____

Levels Offered: (Premier/Select) _____

Approx # of openings per team/age division: _____

Times of your tryouts: _____

Link to Registration for tryouts: _____

Dates of your tryouts (July 9-15 or after October 31): _____

Location of your tryouts: _____

Price of your tryout (max \$15): _____

Cost of your club: _____

Coaches in the club: _____

Contact person: _____

Contact person's phone number: _____

For more info see club web page: _____

E-Mail Address _____

Please e-mail this information to: info@hoavb.org or fax to: (913) 233-0085