## NUF VOLLEYBALL CLUB 2020 Player Questionnaire

Player Information: please write so we can read it

Name:         Address:         City: State: Zip:         Phone:				
			Birthdate:	
			School: Grade:	_
			Email Address:	
Parent / Guardian Information:				
Name:				
Address:				
Phone:				
(Make sure you can receive text messages)				
Email Address:				
(Please make sure you enter the email address correctly it is how you will be notified)				
Player's answer below here:				
What is your goal for the 2020 club season?:				
Position you play on your school team:				
Position you played last club season:Position you wish to play in 2020:  Why?				
Do you wish to be on the highest team possible regardless of playing time or position? No	Yes			
Do You Play AAU Basketball? Yes No				

Do you play varsity	. [ ] Basketball [ ] Track [ ] Softball [ ] Tennis
(check all that apply) or any other sport in the Spi	ring