



**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 [sarah@columbiaempirevolleyball.com](mailto:sarah@columbiaempirevolleyball.com) with the above details:

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