



next Generation
Volleyball

WVJACL Next Generation Volleyball Application Form

Name(s): _____

Address: _____

City: _____ Zip _____

Phone: (Home) _____

(Work) _____

Email Address: _____

Referred by: _____ Play Level _____

Date: _____ Similar Player _____

Please answer the following questions so we can assess your volleyball skills and place you in an appropriate pool.

Volleyball Experience

- | | | |
|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> High School | <input type="checkbox"/> Club | <input type="checkbox"/> IVL Level _____ |
| <input type="checkbox"/> Nikkei | <input type="checkbox"/> City Beach | <input type="checkbox"/> NG Volleyball |
| <input type="checkbox"/> Other _____ | | _____ Years of Experience |

Volleyball Skill Level: -

1. Are you a setter? _____ Do you wish to be designated a setter? _____
2. Rotations you have experience with? Coed 6-2 5-1 4-2 Center Set
3. When is the last time you placed in an organized league? _____
4. Is there anyone in NGVB that is familiar with your play level? _____

Please describe your level of play _____

Return form to any NG Volleyball committee member or mail to NG Volleyball, c/o Lloyd Chin, 2813 Quest Court, San Jose, CA. 95148