



“Quality REIGNS Supreme”

www.sovc.net

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TRY OUT PROFILE

Please mail this form and a check for \$15.00 made payable to SOVC ten (10) days prior to your daughter’s tryout date. Late registration or day of is \$20.00. This will help us with organization and time management during your daughter’s tryout.

Athlete’s Name _____

Parents _____

Address _____ City _____ Zip _____

Best Contact Phone Number _____

Secondary Contact Phone Number _____

E-Mail _____

School _____ Grade _____

Birthdate _____

Age Group tryout: 11 12 13 14 15 16 17 18

Circle age group you plan to attend

Position played last club season _____

Position played at school _____

School Team _____ Middle School, Freshman, JV, Varsity

Height _____