

# Milwaukee Sting Volleyball Club

## 2011 TRYOUTS

[www.milwaukeeestingvb.org](http://www.milwaukeeestingvb.org)

**Cost: \$35 (pre-registered) / \$45 (at the door)**

SITES: Different Sites on Different Days (Check them closely)

\*\*Waukesha County Technical College (WCTC) 800 Main St. Pewaukee, WI 53072

\*\*Milwaukee Lutheran High School (MLHS) 9700 W Grantosa Dr. Milwaukee, WI 53222

\*\*Center Court Sports Complex (CC) 815 Northview Ave. Waukesha, WI 53188

**Saturday, November 12<sup>th</sup>** (WCTC-10's, 11's, 12's, 13's, 17's, 18's)

10's~8:30-10:15am/ 11's~10:30-12:15pm/ 12's~12:30-2:15pm/ 13's~2:30-4:30pm/ 17's~5:00-7:00pm/ 18's~7:00-9:00pm

**Sunday, November 13<sup>th</sup>** (WCTC-10's, 11's, 12's, 13's, 17's, 18's)

10's~8:30-10:15am/ 11's~10:30-12:15pm/ 12's~12:30-2:15pm/ 13's~2:30-4:30pm/ 17's & 18's~5:00-7:00pm

(MLHS-14's, 15's, 16's)

14's~8:30-11:00am/ 15's~11:30-2:00pm/ 16's~2:30-5:00pm

**Tuesday, November 15<sup>th</sup>** (CC-14's, 15's, 16's)

14's & 15's~5:30-7:00pm/ 16's~7:30-9:00pm

**All players must register on the USAV WebPoint System beginning on September 1<sup>st</sup> to be eligible to tryout with any Badger Region club. WebPoint-<https://webpoint.usavolleyball.org>**

*\*\*Registering on WebPoint is not registering for Milwaukee Sting Tryouts.*

*\*\*NEW (for those that prefer): Online Milw Sting tryout registration beginning September 19<sup>th</sup>. Check out the Sting website.*

### Important Dates

OPEN HOUSE @ CENTER COURT-Sunday, October 16 from 12-4pm

STING Parent/Player INFO MEETING @ CENTER COURT-Wednesday, October 19 @ 7:00pm

Email questions to Colleen at [colleen.houk@milwaukeeestingvb.org](mailto:colleen.houk@milwaukeeestingvb.org) or call 262-446-9980

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**Please check the date/age being registered for & return this portion to address below.**

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**Cost: \$35.00 (pre-registered) / \$45 (at the door)**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Email for Confirmation \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

The above participant has my permission to participate in the Milwaukee Sting VBC Tryouts. I certify that the participant has full medical insurance. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described. If during the course of the activities, I/she should become ill or sustain an injury, I hereby authorize you to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Make checks payable to: Milwaukee Sting VBC**

**Send registration and check to: Milwaukee Sting Volleyball Club-815 Northview Rd. Waukesha, WI 53188**