

2025 PVL DRAFT APPLICATION

PERSONAL INFORMATION				
Name:				
Address:				
Present Address:				
Birthdate: P	ace of Birth:			
Contact No.: E-r	E-mail:			
PRINCIPAL CONTACTS				
Father's Name:	Contact No.:			
Mother's Name:	Contact No.:			

(For Foreign Players – please provide information	on of foreign based agent as well as local based agent, if applicable)			
Agent/Representative (if any):				
Agent's Address:				
Agent's Contact No.:	Email:			
(For Players who are non-UAAP or NCAA – please provide information of registered UAAP/NCAA/PVL Coach who endorsed you, if applicable.)				
Name of Coach:				
Name of School / PVL Team Member:				
Contact No:	Email:			
For Players who didn't play at collegiate level – please provide information of LGU representative who endorsed you, if applicable.)				
Name of Representative:				
Position:	Name of Local Government Unit:			
Contact No:	Email:			

VOLLEYBALL INFORMATION						
Height:\	Veight:	_ Le	eft Handed	□ Rig	ht Handed	
Current School:		Grade	e Level:	_ Jersey N	o.:	
Position(s) Played: LIBERO	\Box OUTSIDE HITTER	\Box opposite	☐ MIDDLE B	LOCKER	\Box setter	
VOLLEYBALL PLAYING HISTORY						
High School:						
Name of School:						
Address:						
Contact No:		School Years Attend				
College:						
Name of School:						
Address:						
Contact No:		School Years Attend	led:			

Date Graduated from College:		
Name of College Coach/Sports Director:		
Contact No.:	Email:	