

EAST GIRLS BASKETBALL

YOUTH TRAVEL TEAM PLAYER ASSISTANCE FORM



PLEASE PRINT CLEARLY

| | |
|-------------|-------|
| Player Name | Grade |
| | |

| | | | |
|----------------------------|-------|----------------------------|------------|
| Parent Name (s) | | | |
| | | | |
| Street Address | | | |
| | | | |
| City | State | Zip | Home Phone |
| | | | |
| Parent/Guardian Cell Phone | | Parent/Guardian Cell Phone | |
| | | | |
| Parent/Guardian Email | | Parent/Guardian Email | |
| | | | |

| | |
|--------------------------------|----|
| Registration Fee | \$ |
| Uniform Fee | \$ |
| Total Amount Family Can Pay | \$ |
| Amount of Assistance Requested | \$ |

| |
|---|
| Special circumstances that we should be aware of: |
| |

| |
|---|
| Please list any significant ways in which you can contribute your time and/or talents to East Girls Basketball and its players: |
| |

I certify that the above information is true and correct. I understand that this fee assistance fund only helps cover the registration fees, and does not include the additional costs required for travel to tournaments, etc. I understand that this information is only for the use of the player fee assistance program for East Girls Basketball Association Youth Travel Teams and it is not public information.

Parent/Guardian Signature: _____ Date: _____

| | |
|--------------------------|--|
| For Association Use Only | |
| Amount Approved | East Girls Basketball Association Authorized Signature |
| | |