

SAFE HAVEN WEST SIDE BASKETBALL LEAGUE

FULL SCHOLARSHIP REQUEST

2023-24

Check box if NEW player

All information must be completed (Please print clearly)

| | | | | | | | | | | |
|---------------------------|--------------------|--|---|----------|---------------------------|----------------------------|----------------------------|--|--|--|
| PLAYER INFORMATION | Player | | | | PARENT INFORMATION | Parent/Guardian (1) | | | | |
| | Last Name | | First Name | | | Last Name | | | | |
| | Number and Street | | Apartment | | | First Name | | | | |
| | City | | State | Zip Code | | Email: | | | | |
| | Home Telephone () | | | | | Cell Phone () | | | | |
| | Date of Birth | | M <input type="checkbox"/> F <input type="checkbox"/> | Height | | Weight | Parent/Guardian (2) | | | |
| | School | | Grade | | | Last Name | | | | |
| | Public | | Charter | | | First Name | | | | |
| | | | | | | Email: | | | | |
| | | | | | | Cell Phone () | | | | |

FULL SCHOLARSHIP REQUEST

Please enclose a written explanation of need in the space below, sign and send via email to shwsbasketball@gmail.com or mail in with \$10 fee and Registration form.

Mail or Drop Off: Safe Haven West Side Basketball League, c/o Copy Experts, Box 257, 2424 Broadway, New York, NY 10024

Signature: _____ **Date:** _____

e-mail: shwsbasketball@gmail.com For updated information log on to www.safehavenhoops.net

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