

SAFE HAVEN WEST SIDE BASKETBALL LEAGUE

FULL SCHOLARSHIP REQUEST

2023-24

Check if Special Needs Program

All information must be completed (Please print clearly)

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

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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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