SAFE HAVEN WEST SIDE BASKETBALL LEAGUE

FULL SCHOLARSHIP REQUEST

2025-26

Check box if NEW player ☐

All information must be completed (Please print clearly)

PLAYER INFORMATION					PARENT INFORMATION	
Player						**Parent/Guardian (1)**
Last Name						**Last Name**
First Name						**First Name**
Number and Street			**Apartment**			**Email:**
City	**State**		**Zip Code**			**Cell Phone** ( )
						Parent/Guardian (2)
Home Telephone ( )						**Last Name**
Date of Birth	**M** ☐ **F** ☐	**Height**	**Weight**			**First Name**
School			**Grade**			**Email:**
Public		**Charter**				**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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