School Based Team Application Form

First Name _____

Last Name _____

Address _____

Town/City _____

Home Phone _____ Cell Phone _____

Email _____

School That Athletes Would Be Attending _____

Principal Information (Name and Email) _____

Reason for Not Being Affiliated with School:

Please check any supporting documents that will be included:

Principal ☐

Athletic Director ☐

Other ☐

(No supporting documents from parents/ guardians will be accepted)

It will take 3-5 business days to review Application