BASC Friendship Team Information

Coach: _____
Contact phone # _____
Team Name _____
Gender ____ Age Division____

1) The parent/guardian of each player must complete & sign the form below. Requests for friendship teams will not be considered without signatures.
2) This Friendship Team Request form must be provided to the BASC office no later than July 19, 2008.
3) Place phone numbers for players in the right margin.

Player name_____ **DOB**_____ **Request to play up, check here { }** **Parent/Guardian (print)**_____ **Signature**_____
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