



I/We, as the Parent or Legal Guardian of the player(s) named above, attest to the truth for the above information to the best of My/Our knowledge.

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Parent or Legal Guardian Signature

Date

**FOR ULL USE ONLY**

Date Reviewed:

<input type="checkbox"/> Full Scholarship Granted Amount: \$	<input type="checkbox"/> Partial Scholarship Granted Amount: \$	<input type="checkbox"/> Request Denied Contact <a href="mailto:unionlittleleague@yahoo.com">unionlittleleague@yahoo.com</a>
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