



**MVAA BASKETBALL ATHLETE PROGRAM SPONSORSHIP FORM**

**DATE:** \_\_\_\_\_

**SEASON:** \_\_\_\_\_

**ATHLETE NAME:** \_\_\_\_\_

**PARENT/GUARDIAN NAME:** \_\_\_\_\_

**ATHLETE DOB:** \_\_\_\_\_

**GRADE LEVEL:** \_\_\_\_\_

**NUMBER OF SEASONS AT MVAA BASKETBALL:** \_\_\_\_\_

**IF YOU HAVE PARTICIPATED WITH MVAA BASKETBALL, WHO HAVE BEEN YOUR COACHES?:**

\_\_\_\_\_

**DO YOU PARTICIPATE IN ANY OTHER MVAA SPORTS:** \_\_\_\_\_

**IF SO, WHICH SPORTS:** \_\_\_\_\_

**REASON FOR REQUEST OF SPONSORSHIP:**

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**BOX BELOW IS FOR MVAA BASKETBALL BOARD COMMENTS**

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