

EDISON YOUTH SPORTS BASEBALL SOFTBALL LEAGUE SPONSOR-A-PLAYER REQUEST FORM

2016 BOARD MEMBERS:

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This application is to be completed by the Parent or Legal Guardian. The information in this Request is for review by the Board Members only and will remain confidential. All players receiving financial assistance through the Sponsor-A-Player program will be entitled to the same treatment and benefits of any of player. Please remember that distribution of Sponsor-A-Player funds will be dependent upon the funds available for any given year. Partial assistance may be offered if funds do not permit full assistance.

PLAYER'S INFORMATION:

Player's Name: _____
 Grade: _____ Age: _____ Birth Date: _____ School: _____

Parent's Name: _____
 Home Phone: _____ Cell Phone: _____
 Street Address: _____ E-Mail Address_ _____
 City: _____ OHIO Zip Code: _____

What division is your child registering for?

_____ T-Ball	_____ Rookie League Boys	_____ Minor League Girls
_____ Minor League Boys	_____ 10 & under Girls	_____ Major League Boys
_____ 12 & under Girls	_____ Jr. Pony Boys	_____ 14 & under Girls
_____ Sr. Pony Boys	_____ 18 & under Girls	

Please briefly describe your reason for requesting assistance through the Sponsor-A-Player Program:

Please indicate what type of financial assistance you are requesting: (Financial determination is based upon available funds.)

_____ Partial assistance (please indicate dollar amount \$ _____)

_____ Full assistance for one child

_____ Full assistance for multiple children (must be siblings)

Please indicate number of children

BOARD USE ONLY

Reviewed By:

Date Reviewed: _____ Decision: _____ Applicant Notified: _____

Total Amount of Assistance Requested: \$ _____ Total Amount of Assistance Approved: \$ _____