

SUMMER BASKETBALL LEAGUE PERMISSION FORM

Name: _____

Campus Address: _____

(on or off) _____

Phone: _____

Permanent Address: _____

Official Residence at End of Spring Semester:

Years of Eligibility Remaining: _____

Name of Summer League: _____

Name of Summer Team: _____

Location of League: _____
City ST

Dates of Participation: _____ to _____ Contact Person of
League: Phone Number of Contact: _____

Previous Participation in Summer League:

Student-Athlete Signature Date

Head Coach Signature Date

Compliance Coordinator Signature Date

Athletic Director Signature Date