

**THE MOUNTAIN WEST CONFERENCE
SUMMER BASKETBALL LEAGUE PERMISSION FORM**

NAME	_____
OFFICIAL RESIDENCE AT THE END OF SPRING SEMESTER	_____ (street address) _____ (city/state/zip)
PHONE #	() _____
PERMANENT ADDRESS	_____ (street address) _____ (city/state/zip)
YEARS OF ELIGIBILITY REMAINING	_____
NAME OF SUMMER LEAGUE	_____
LOCATION OF LEAGUE	_____
DATES OF PARTICIPATION	_____ to _____
CONTACT PERSON AT LEAGUE	_____
PHONE # OF CONTACT	() _____
PREVIOUS PARTICIPATION IN SUMMER LEAGUE	_____
NAME OF OTHER UW BBALL PLAYERS ON TEAM (IF APPLICABLE)	_____
_____ (Student-Athlete's Signature)	_____ (Date)
_____ (Athletic Director's Signature)	_____ (Date)

****PLEASE SEE THE BACK OF THIS FORM FOR NCAA BYLAWS CONCERNING SUMMER LEAGUE BASKETBALL (14.7.3.2 (a) & 30.14)**