

## YOUR DREAM IS OUR DREAM APPLICATION

### PARENT/GUARDIAN 1 INFORMATION

Name:		
Date of birth:		Phone:
Current address:		
City:	State:	ZIP Code:
Own    Rent <i>(Please circle)</i>	Monthly payment or rent:	How long?

### EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly    Salary <i>(Please circle)</i>	Annual income:

### EMERGENCY CONTACT

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

### PARENT/GUARDIAN 2 INFORMATION (IF APPLICABLE)

Name:		
Date of birth:		Phone:

### PARENT/GUARDIAN 2 EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly    Salary <i>(Please circle)</i>	Annual income:

### REFERENCES

Name	Address	Phone

### CHILDREN

Name	Name
Name	Name

### SIGNATURES

I authorize the verification of the information provided on this form. I have received a copy of this application.

Signature of applicant:	Date:



# \_\_\_\_\_

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## CHILD INFORMATION

**Child Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Activity:**  
(i.e. Dance, Football, Music, etc.)  
\_\_\_\_\_

**Name & Address**  
**Activity**  
**Center/school:** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Coach/Instructor(s)** \_\_\_\_\_

**How many Yrs:** \_\_\_\_\_

**Goals:**  
i.e. College Scholarships, Olympics, Professional Athlete, Coach, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Type of Need Requested:**

- Classes**                       **Uniforms/Apparel**     **Supplies**
- Equipment**                       **Team Fees**                       **Other** \_\_\_\_\_

\*\*\*\*\*OFFICIAL USE - MANAGER APPROVAL\*\*\*\*\*

Approved

Denied

Comments:

\_\_\_\_\_  
**Manager Signature**

\_\_\_\_\_  
**Date**