

Basketball Club of WNC

PO Box 8666

Asheville, NC 28814

828-808-3548

MEMBERSHIP FORM

Participant Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Emergency Phone: _____

Email Address: _____

Date of Birth: _____ Grade: _____

School/ Rec League Basketball Team: _____

Have you taken the SAT or ACT? _____ High Score (Optional): _____

Please sign below that you have read and understand the information on and the policies of the Basketball Club of WNC and the guidelines for club players and agree to abide by the information and the decisions of the club with regards to the operation of the program. Each participant and parent(s) agrees to support the operation of the club through fundraising activities or payment of additional fees.

Participant Signature and Date: _____

Parent/Guardian Signature and Date: _____

Membership Fee of \$135.00 paid in Full: _____

(Checks may be made payable to Basketball Club of WNC)

Application Received by: _____ Date: _____