

Basketball Club of WNC - Individual Player Publicity Information

THANKS for completing this form & returning to your team's Publicity Liaison

Please circle

Applicable Team & Grade: Lady Royals 3rd 4th 5th 6th 7th 8th 9th 10th 11th

Please print!

Player name: _____ Birthday, including year: _____

of seasons playing with Basketball Club of WNC, including this year: _____ Height: _____ Jersey #: _____

Player Address/City/Zip: _____

_____ County of residence: _____

Player's School _____

Location of School (name of city or county): _____

If player is a member of his/her school basketball team, please indicate whether middle school, JV or varsity, and position:

Parent Names: _____

Other than the Asheville Citizen-Times, name(s) of newspaper(s) in your community where we could send press releases:

Parent Contact Info:

Dad/Home: _____ Dad/Work: _____ Dad/Cell: _____

Dad/Pager: _____ Dad/email: _____

Mom/Home: _____ Mom/Work: _____ Mom/Cell: _____

Mom/Pager: _____ Mom/email: _____

To be signed by parent or responsible party

I give permission for _____ to be photographed, videotaped, interviewed, and/or otherwise mentioned by name in publicity and promotional materials produced and distributed on behalf of Basketball Club of WNC.

Signature of parent or responsible party: _____ Relationship to player: _____ Date: _____

OR...

I do not wish for _____ to be photographed, videotaped, interviewed, and/or otherwise mentioned by name in publicity and promotional materials produced and distributed on behalf of Basketball Club of WNC.

Signature of parent or responsible party: _____ Relationship to player: _____ Date: _____