

UNIFIED SPORTS BASKETBALL MEMBERSHIP 2019-2020
MERCER ISLAND HIGH SCHOOL



Applicant Information

Name: _____

Birth Date: ___ / ___ / ___ Phone Number: _____

E-mail address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Grade/Year: _____

Number of years involved with Special Olympics/Unified Sports: _____

T-Shirt size: _____

Basketball games you will not be able to attend: _____

Basketball practices you will not be able to attend: _____

Parent/Guardian Information

Name: _____

Relationship to applicant: _____

E-mail Address: _____ Phone Number: _____