



Athlete Application

Athlete Name: _____

Parent/Guardian Name: _____

Address: _____

Phone Number: _____

Email: _____

Organization Name: _____ Sport: _____

Contact Name: _____

Contact Number: _____

Contact Email: _____

Contact Address: _____

Tax Information:

To better service your request The Playhard Project may request a copy of your most recent tax returns, last 4 pay stubs and most recent utility bill verifying residency.

Please Be Advised:

The Playhard Project does not guarantee financial assistance. All athletes must undergo an approval process before any monetary assistance may be offered. Selected athletes are based upon the sole decision of the organization.

By reading and signing this document you are hereby stating and agreeing that any and all information on this form is accurate and to be used only for the sole purpose of the applicant. All information is confidential and is only intended for the use of The Playhard Project.

Signature of Parent/Guardian

Date