



SHARON BASKETBALL ASSOCIATION BOARD MEMBER APPLICATION

First Name

Last Name

Address

() _____
Home Phone

() _____
Work Phone

() _____
Mobile Phone

Primary e-mail

Alternate e-mail:

Child's Name(s)

Grade(s) (as of this Fall)

Applicable skills, considerations, or comments:

Please return the completed form to: SBA; c/o Joel Agus, 52 Highland Street, Sharon, MA 02067 or drop it off at the registration table at try-outs. If you have any questions, please send an email to joel.agus@comcast.net

There is a limited number of Board positions that may open up each year. The SBA Board, in their sole discretion, will review and select new board members.