



PSAL Student/Athlete of the Week

Week# _____

Please print clearly and fill out all of the information below:

Student's Name _____

Address _____

Parent's Name _____

Parent's Home Phone Number _____

Parent's Cell Phone Number _____

Parent's E-mail Address _____

Student's Cell Phone Number _____

Student's E-mail Address _____

T-Shirt Size _____ Shoe Size _____ Jacket Size _____

Parent's Signature _____ Date _____

Student's Signature _____ Date _____

