



## 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 \_\_\_\_\_

