



Steve Nash Youth Basketball - Site Application Form



Site Information (Please fill in all fields completely)

Club/Organization Details:

Name of Club/Organization: _____

Name of Club/Organization Administrator: _____

Club/Organization Email: _____

Club/Organization Phone: _____

Club/Organization Fax: _____

Club/Organization Address: _____

Club/Organization City/Province/Postal Code: _____

Club/Organization Website URL (if applicable): _____

Program Details:

Program Facility Location (Name of School, C.C., YMCA, etc.): _____

Age Categories: FUNdamentals (5-8 yrs) Learn to Train (9-11 yrs) Train to Train (12-13 yrs)

Gender: Male Participants only Female Participants only Both Male & Female Participants

Approx. # of Participants: _____

Approx. # of Coaches: _____

Start Date of the Program: _____

End Date of the Program: _____

Day of week: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Session Time: _____

Retail Price: _____

Upon completion of the SNYB Site Application, please fax the completed information to the attention of Faye Richards @ (902) 425-5606. An Affiliation Agreement will be fax to you for review and sign. Upon receiving the signed Affiliation Agreement, Basketball Nova Scotia will approve your club/organization as an official Steve Nash Youth Basketball site.

This is to certify that all the information provided in this Site Application Form is correct to the best of my knowledge.

(Club/Organization Administrator)

(Date)