

EDINA GIRLS BASKETBALL ASSOCIATION

Application for Board Members

Name

Home Address:
 Home City:
 Home Zip:
 Home Phone:
 Cell Phone:
 Home Email:

Business Address:
 Business City:
 Business Zip:
 Business Phone:
 Business Email:

To what extent do you travel in your business?

Do you feel you have enough time to devote to the EGBA?

		Days/Week	
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Children eligible for EGBA:

Name	Age	Grade
1.		
2.		
3.		

Basketball Background:

Level	Where	Position	Years
High School			
College			
Other			

What committee(s) of the Board are you interested in? (Check all that apply)

<input type="checkbox"/>	Player Development	<input type="checkbox"/>	Communication	<input type="checkbox"/>	Coaches
<input type="checkbox"/>	Equipment / Uniforms	<input type="checkbox"/>	Tournaments & Clinics	<input type="checkbox"/>	Marketing/PR
<input type="checkbox"/>	Practice Scheduling	<input type="checkbox"/>	Business Development	<input type="checkbox"/>	Try Outs
<input type="checkbox"/>	Treasury / Secretary	<input type="checkbox"/>	Edina Tournament	<input type="checkbox"/>	Web

Basketball References

Name	Address	Phone

What goals would you like to achieve as a Board Member?

What would you like to see the EGBA accomplish in the next few years

Email to info@edinagirlsbasketball.com

-or-

Mail to:

Edina Girls Basketball Association
 Edina City Hall
 4801 West 50th Street
 Edina, MN 55424