



# BOYS - APPLICATION FOR FRANCHISE NATIONAL HEADQUARTERS

2377 LEON C. SIMON BLVD. NEW ORLEANS, LA. 70122 504) 283-5917

Our league \_\_\_\_\_ desires to apply for membership in the BIDDY BASKETBALL 8, 10, 12, 14 YEAR OLD BOYS program. Enclosed find check, money order, or voucher in the amount of \$ \_\_\_\_\_ which represents payment for \_\_\_\_\_ teams in the boys program.

- 7 YEAR OLD BOYS - will compete in state team from 8 year old program
- 8 YEAR OLD BOYS PROGRAMS \$25.00 PER TEAM
- 9 YEAR OLD BOYS - will compete in state team from 10 year old program
- 10 YEAR OLD BOYS PROGRAMS \$25.00 PER TEAM
- 11 YEAR OLD BOYS - will compete in state team from 12 year old program
- 12 YEAR OLD BOYS PROGRAMS \$25.00 PER TEAM
- 13 YEAR OLD BOYS - will compete in state team from 14 year old program
- 14 YEAR OLD BOYS PROGRAMS \$25.00 PER TEAM

It is understood and agreed that the franchise applied for will, if granted, be permanent, subject, however, to payment of annual membership dues and full compliance with the terms and conditions set forth in the rules and regulations of Biddy Basketball and has secured league insurance.

**HOLD HARMLESS:** The league when franchised assumes liability for its actions and the actions of its agents under this agreement. In the event of grievance, lawsuit or other claim filed against the National Biddy Basketball Organization and / or its officers, we agree to indemnify, defend and hold the National Organization harmless from any such claim, grievance or lawsuit.

Dated \_\_\_\_\_

PRESIDENT \_\_\_\_\_  
(Type or Print) (Signature)

Address \_\_\_\_\_ Phone A/C \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Vice-President \_\_\_\_\_  
(Type or Print) (Signature)

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Secretary \_\_\_\_\_  
(Type or Print) (Signature)

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Treasurer \_\_\_\_\_  
(Type or Print) (Signature)

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mark X by officer to receive information.

**RETURN ALL COPIES TO NATIONAL HEADQUARTERS**