



USSSA Basketball Area & State Director Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Cell Phone: _____ Other Phone: _____

Have you ever been convicted of a felony? If yes, please explain.

Do you serve in any capacity in any other USSSA Sports? If yes, which sports?

Are you currently running basketball leagues or tournaments? If so, approximately how many teams do you have participating?

Tournament(s): _____

League(s): _____

Total Teams: _____

Are you a professional recreational services provider (i.e. Recreation Commission, YMCA, Private Facility, etc.)? If yes, who is your employer?

Do you have regular access to a basketball facility? If yes, please explain.

Are you able to travel throughout your state to establish and service a state program for the duration of a season?

Send or email application form:

Chris.Horton@usssa.com

Florida USSSA Basketball

2255 Glades Road Suite 324A, Boca Raton, FL 33431



What would you do to establish a USSSA basketball program in your state?

Name: _____ Date: _____

Signature: _____ Date: _____



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Florida USSSA Basketball
2255 Glades Road Suite 324A, Boca Raton, FL 33431