

**The Texas Express Basketball Club**  
**Application for Annual Fee**  
**Discount**

**Due date 03-11-2017**

Player Name: \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name: \_\_\_\_\_ Circle: Married or Single \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Wk Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_ Contact person \_\_\_\_\_ Phone# (\_\_\_\_\_) \_\_\_\_\_

Place of employment \_\_\_\_\_ Annual Income: Circle: 10K 11-20K, 21-30K, 31-40K

What is the amount of your monthly house payment? \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Wk Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone# (\_\_\_\_\_) \_\_\_\_\_

Place of employment \_\_\_\_\_ Annual Income 10K 11-20K 21-30K 31-

40K What is the amount of your monthly house payment? \_\_\_\_\_

Number of children in household \_\_\_\_\_ Number of children playing in Texas Express Program \_\_\_\_\_

*Please attach a copy of your 2015 or 2016 tax return/s showing proof of your total household income. This application must be signed and completed entirely along with providing the required documents to be considered for financial assistance. **Fax the information to 817-443-3971 or mail the required documentation to: TX Express, P.O. Box 126559, Ft. Worth, TX 76126***

**I (Father) \_\_\_\_\_ and (Mother) \_\_\_\_\_**

*Have not falsified information and have completed this application accurately. I/We understand that I/we am/are responsible for all other fees unless specified otherwise in writing, including monthly gym rental fees, coach's fees, tournament fees, and travel fees. We, also, understand that all players are strongly encouraged to participate in individual and team fundraising.*

\_\_\_\_\_  
**Father's Signature** \_\_\_\_\_ **Date**

\_\_\_\_\_  
**Mother's Signature** \_\_\_\_\_ **Date**

**All information provided in this application will be kept confidential and will be used for the sole purpose of determining the need for financial assistance. The Texas Express Financial Aid program is designed to help qualified athletes in need. There is a limited amount of financial aid available and cases will be reviewed on a first come first serve basis.** Date Reviewed \_\_\_\_\_ Financial Aid Approved Yes \_\_\_ No \_\_\_

If yes, Amount approved \_\_\_\_\_ By \_\_\_\_\_ Committee Chairperson (1)

By \_\_\_\_\_ Committee Chairperson (2)