

BYSL ODP Incentive Request Form

Instructions: Fill out all information below. Please attach the letter from the ODP Coach or Technical Assistant demonstrating the level of selection.

Name of Player (please print)

ODP Age Group: _____ (e.g., 1990) Gender: _____ (M/F)

Place a check mark next to the level(s) of selection:

Player selected for ODP State Pool - \$100

Player selected for ODP Travel Team - \$250 – (e.g., ODP Regional Championship or other travel team)

Player selected to attend Regional Camp - \$150

Check made payable to:

(please print full name)

Mailing Address:

Street

City / State / Zip Code

Contact information:

Phone: _____

E-Mail: _____

I request reimbursement for ODP fees, based upon the level accomplishment achieved by the player mentioned herein. I understand that reimbursement is contingent upon the current financial status of the BYSL and my request may be denied.

Signature of Parent/Guardian

date