

Basketball Coaches Association of New York, Inc.
2022 BCANY Summer Hoops Festival

Supplemental Player Information Form

Team Name:

Player Name:

Street Address:

City/State/Zip:

Email address:

Name of High School Coach:

Email of HS Coach:

Name of Non-Scholastic Coach:

Email of Non-Scholastic Coach:

Yes or No Permission to provide contact information to college coaches

Yes or No Permission to use game picture/video/interview by Basketball
Coaches Association of New York, Inc. in official information.

I have read and understand the BCANY Summer Hoops Festival Code of
Conduct and Permission statements.

Player Signature

Date