



Participation Assistance Program Agreement

Please print and fill out COMPLETELY.

Applicant Information

Parents/Legal Guardian	Birth date	Email		
Address	City, State, Zip	Home Phone	Work Phone	Cell Phone

Applying Children

Player 1 - Last, First Name	Birth date	League & Team or New
Player 2 - Last, First Name	Birth date	League & Team or New
Player 3 - Last, First Name	Birth date	League & Team or New
Player 4 - Last, First Name	Birth date	League & Team or New

I/we _____ do hereby agree that I/we owe
 _____ Parents/Legal Guardian (PRINT)
 the Burlington Little League, its successors and/or assigns, the amount of \$ _____ for
 _____, which shall remain BLL property, as an applying member on behalf of my/
 _____ description of property loaned
 our children and do hereby agree that I/we will remit payment in full prior to _____, or my child
 _____ date due
 being placed/drafted to a team, whichever comes first.

If payment is not made in full by the above requirement, my/our membership will be withdrawn and our children will not be placed/drafted to a team, and all sold and unsold tickets, monies and/or property of Burlington Little League will be returned in full. I/We understand that any unreturned tickets/monies/property will result in legal action to recover any losses incurred to the program up to and including reasonable legal fees incurred to recover losses.

Applicant Signature	Date
Co-Applicant Signature	Date

Board Member Approving Agreement Signature	Date
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