



# Athletic Shoe Program - Application

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ Male/Female

Tribal Affiliation: \_\_\_\_\_ CDIB#: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Sport: \_\_\_\_\_

Coach's Name: \_\_\_\_\_

Coach's Contact Information: \_\_\_\_\_

Coach's Signature: \_\_\_\_\_

Vendor: \_\_\_\_\_ Gregory's Sporting Goods - Del City

\_\_\_\_\_ Twid's Sporting Goods - Midwest City

\_\_\_\_\_ Hibbett Sports - Weatherford or

\_\_\_\_\_ Student-Athletes School (provide Name & Address for Payment)

**ABSOLUTELY NO REIMBURSEMENTS.**

Must attach Letter of Participation from School.

For Office Use ONLY

Received: \_\_\_\_\_ Verified w/Coach by: \_\_\_\_\_ Date: \_\_\_\_\_  
Store: \_\_\_\_\_ P.O. #: \_\_\_\_\_ Voucher #: \_\_\_\_\_ Amount: \_\_\_\_\_