



PLYMOUTH PANTHERS
BOYS BASKETBALL SHOT CLUB



PARENT VERIFICATION FORM

UPON COMPLETION OF THE 15,000, 20,000 OR 25,000 SHOTS REQUIRED FOR MEMBERSHIP IN THE PLYMOUTH PANTHERS BOYS BASKETBALL SHOT CLUB, PLEASE COMPLETE AND RETURN THIS FROM ALONG WITH YOUR "SHOT CLUB CALENDAR" VIA MAIL TO:

*Plymouth High School
Attn: Tim Schultz Head Boys Basketball Coach
125 Highland Ave
Plymouth, WI 53073*

Player Name: _____

Parent Name: _____

Address: _____

Phone: _____

Email Address: _____

Grade (Fall of 2024): 4 5 6 7 8 9 10 11 12

T-Shirt Size:

Youth Small Youth Medium Youth Large Small Medium Large Extra Large

I verify my son has completed the 15,000, 20,000 or 25,000 shots required to become a member of the Plymouth Panthers Boys Basketball Shot Club.

Parent/Guardian Signature: _____ Date: _____