



2011-12 Ballkid Application



Name: _____ Age: _____ Birthdate: _____

T-shirt Size: _____ Pant Size: _____ Parent(s)/Guardian(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Please answer the following questions in the space provided:

Why do you want to be a Dakota Wizards Ballkid?

Please explain a situation when you have been a dedicated and hard worker.

***Please return application to the Wizard office (PO Box 4066, Bismarck, ND 58502) by Monday, Oct. 24 at 5 p.m. Please call Scott Woodmansee at (701) 258-2255 with any questions.**