



St. Louis Trotters Pro Basketball Club
P.O. BOX 38604 SAINT LOUIS, MO 63138
www.stlouistrotters.com
Phone # 314 669.6756

Street Team Member Application

Name: _____ Date _____

Address _____ Email Address: _____

Twitter: _____ Facebook: _____ Instagram: _____

Age: _____

Current School: _____ Skills/Hobbies: _____

Courses of study:

List any previous work experience

Do you possess your own transportation: Yes _____ No _____

Availability: M T W TH F Sa Su

Hours: _____

Please provide (3) references (Preferably a teacher, community leader, parent or guardian):

Name/Relationship/Number: _____

Name/Relationship/Number: _____

Name/Relationship/Number: _____

I, (Sign) _____ hereby declare my answers to the above questions to be true to the best of my ability. Any false statements will disqualify me from consideration.

Follow us on social media!

@Stlouistrotters

