



Ready Set Play Application

ORGANIZATION INFORMATION

DATE OF APPLICATION

 / /

Organization
Name :

Email :

Phone :

EIN:

Number of East
Providence
residents served
last season?

Total number of
registrations last
season?

When does the
season start?

 / /

ADDRESS

Present Address :

City :

State :

Zip Code :

By signing, I hereby certify that the information provided in this form is complete, true, and correct to the best of my knowledge.

By signing, I hereby certify that I have read the scope of services and agree to all requirements of reporting, and tracking information and will provided necessary documentation in a timely manner.

Authorized Representative
(Print)

Authorized Representative
(Signature)

Date