



Founded 1969

# Declaration of Continuation or New Franchise

## Small Fry Basketball, Inc.

8552 - 37th Avenue, Kenosha, WI 53142  
Phone (262) 653-9630 — FAX (262) 654-8940

This is to certify that \_\_\_\_\_ being duly franchised by Small Fry Basketball, Inc., as a member of Small Fry Basketball, Inc., has, during the year (2021 / NEW) function(ed) as such member and has, or will, conform(ed) to the principles, terms and conditions of membership, rules and regulations set forth by Small Fry Basketball, Inc., hereby does affirm said principles, terms and conditions, rules and regulations and does hereby declare its intent to continue to function and conform, as stated above, during the year 2022.

The annual registration fee of **\$500** is hereby submitted.

\_\_\_\_ New Franchise                      \_\_\_\_\_ Franchise Continuation

In consideration of the granting of a franchise by Small Fry Basketball, Inc., the above organization agrees to cease identifying itself as Small Fry Basketball, Inc. in the event its franchise is revoked, terminated, or for any reason not renewed, or continued by Small Fry Basketball, Inc.

The names of the officers of the above state organization are as follows (Please type or print):

President \_\_\_\_\_ Signature: \_\_\_\_\_

Address \_\_\_\_\_ Phone no. (    ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Vice-President \_\_\_\_\_ Signature: \_\_\_\_\_

Address \_\_\_\_\_ Phone no. (    ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Secretary \_\_\_\_\_ Signature: \_\_\_\_\_

Address \_\_\_\_\_ Phone no. (    ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Treasurer \_\_\_\_\_ Signature: \_\_\_\_\_

Address \_\_\_\_\_ Phone no. (    ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In Witness, whereof, the said organization has caused these present to be signed by its President and Secretary this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

### MAILING ADDRESS

Name \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_ By \_\_\_\_\_ President

City/State/Zip \_\_\_\_\_ Attest \_\_\_\_\_ Secretary

Please print or type and complete this Declaration in English. Return to International Headquarters.