



Date: _____

APPLICATION FOR ALOHA STADIUM STARS PROGRAM

1. Name of the Stadium Stars Applicant:

2. Address: _____
Email: _____ Telephone/Cell: _____
3. Consenting Adult (if under 18 years of age): _____
Telephone/Cell: _____ Email: _____
4. Current School Attending: _____
Grade Level: _____
5. Please list any previous broadcasting experience:

6. Please list any current/previous sport(s):

7. Please indicate availability (games are scheduled August – October normally on Friday's and Saturday's between 9am – 10pm):

Please feel free to call me if you have any further questions or concerns at 808.226.4322 or email at Samantha.L.Spain@hawaii.gov. If you have done any previous broadcasting and would like to submit it to us, please email me a link. By reviewing the videos, this will help us to determine what section will best suit you to get the most out of the program.