TAP
YOUTH BASKETBALL LEAGUE
CORI QUESTIONNAIRE

All information is required, as indicated. Please print clearly.

Last name	First name	Middle initial
Maiden name	Alias	ID Index Num. (If applicable)

DOB: _____ (MM/DD/YYYY)

Address: _____ (Street)

_____ (Apartment #)

_____ (Town/City) _____ (State) _____ (Zip Code)

Drivers License Number: _____ State where licensed: _____

The TAP Youth Basketball Program has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data (CORI). As a volunteer coach/assistant coach in the TAP Program, I understand that a criminal record check will be conducted for conviction and pending criminal case information only. I further swear that the information under the pains and penalties of perjury, that the information that I have provided above is true and accurate to the best of my knowledge and belief.

_____ Signature _____ Date