

# ESA All-Star Team Member 2020 Application



Are you applying to be a member of the (please circle):

**RETURNING member from 2019**

**NEW 2020 member** (minimum age is 14 as of January 1, 2020)

**JUNIOR All-Star Developmental Team** (under 14 years of age).

## Personal Information

Name	
Street Address	
City, State & Zip	
Home/Cell Phone	
Age as of Jan 1, 2020 & DOB	
Email address & parent's email	

## ESA District & Regional Information

ESA local district	
Number of years you have been a surfing member in the ESA	
ESA divisions that you currently surf (2019 season)	
District ranking 2018 & 2019	
Regional placings 2018 & 2019	
Easterns® placings 2018 & 2019	
Other surfing organization memberships (if any)	

## References

Please list three references who we may contact regarding your application for the ESA All-Star Team. These can include (but not limited to) employers, teachers, ESA directors, sponsors, competitors, etc.

REFERENCE #1	
Name	
Phone and email address	
Relationship	
REFERENCE #2	
Name	
Phone and email address	
Relationship	
REFERENCE #3	
Name	
Phone and email address	
Relationship	

**Please include a letter with your application that includes the following:**

**Returning members**

1. Please express WHY you should be reconsidered to be a part of the 2020 All-Star Team.
2. How have you been an integral part of the 2019 All-Star Team?
3. Reflect on your experiences as a 2019 All-Star Team member.
4. How have you volunteered in your local ESA district for the 2019 season?
5. Any suggestions on how we can make the 2020 All-Star Team better.

**New applying members**

1. Please express WHY you want to be considered becoming a part of the 2020 All-Star Team.
2. How have you volunteered in your local ESA district for the 2019 season?
3. What experience do you want to gain from becoming a part of the ESA All-Star Team?

**Special Skills or Qualifications**

Summarize your special skills, volunteer work and other activities, including hobbies or sports. What interests you other than surfing? What do feel is important that the ESA All-Star Team Committee members know about you?

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**Parent or Guardian Information (MUST BE COMPLETED)**

Name	
Street Address	
City ST ZIP Code	
Home/Cell Phone	
E-Mail Address	

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an ESA All-Star Team Member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal from the Team.

Name (printed)	
Signature	
Date	
Parent/Guardian Name	
Parent/Guardian Signature	
Date	

**Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Please contact [allstars@surfesa.org](mailto:allstars@surfesa.org) with any questions about completing this form.

Submit completed applications to [allstars@surfesa.org](mailto:allstars@surfesa.org), and a copy to your local ESA district director, no later than **November 1, 2019** for consideration for the 2020 ESA All-Star Team.

