



WOMEN'S PRO OPEN COMBINE

June 4-6 • Orlando Florida

BE SEEN. BE CONNECTED.

**PLEASE COMPLETE THE FOLLOW REGISTRATION INFORMATION AND FAX OR MAIL TO US
USING THE CONTACT INFORMATION AT THE BOTTOM OF THIS FORM.**

CONTACT INFORMATION

First Name: _____

Last Name: _____

Gender: Male Female | Date of Birth: _____

Current Phone: _____

Mobile Phone/Pager: _____

E-mail: _____

CURRENT MAILING ADDRESS

Address: _____

City: _____

Province/State: _____

Country: _____

Postal/Zip Code: _____

PERMANENT MAILING ADDRESS

Address: _____

City: _____

Province/State: _____

Country: _____

Postal/Zip Code: _____

www.basketballeye.com

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PROFILE

Positions Played: 1 2 3 4 5

(Check all that apply)

Height: _____ ' _____ " OR _____ cm

Weight: _____ lbs OR _____ kgs

Size of Jersey: M L XL XXL

Any Injuries during career? _____
(List type, date, and result) _____

Any surgeries? _____

List any pertinent medical conditions _____
(Asthma, Diabetes, Allergies, etc.) _____

Are you married? yes no

Do you have children? yes no

Do you have a passport? yes no

From what Country? _____

Do you have dual citizenship with another Country? If so, which Country? _____

If you are not a US citizen, what is your US residency status? _____

PLEASE PROVIDE THE BIRTHPLACE FOR EACH OF THE FOLLOWING

Yourself: _____

Mother: _____

Father: _____

Maternal Grandmother: _____

Maternal Grandfather: _____

Paternal Grandmother: _____

Paternal Grandfather: _____

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AGENT INFORMATION

Your Agent's Name: _____

Agent's Phone: _____

Agent's Fax: _____

Agent's Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Agent's E-mail Address: _____

COLLEGE BASKETBALL EXPERIENCE

College Attended: _____

Head Coach: _____

Coach's Phone: _____

Coach's E-mail Address: _____

Sports Information Director: _____

SID's Phone: _____

SID's E-mail Address: _____

(Participation in this event could impact any remaining collegiate eligibility. Consult your coach or AD if in doubt.)

Your Final Season of Eligibility: _____

College Stats/Honours/Records: _____

COLLEGE BASKETBALL EXPERIENCE

Pro Team: _____

League/Country: _____

Year(s) with Team: _____

Additional information or comments regarding professional Basketball experience: _____

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PAYMENT INFORMATION

Coupon: If you have a coupon code for this event, please enter it here: _____

Price: \$325.00

CREDIT CARD

Type of Card: _____

Name on Card: _____

Credit Card Number: _____

Expiry Date: _____

Card Security Code: _____

ADDITIONAL INFO

Your Registration includes one year access to the Basketball Eye™. Please enter a password for your account: _____



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