



# WOMEN'S PRO OPEN COMBINE

August 12-13 • Washington, DC

**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](http://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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Fax Number: 407.339.5562

[www.basketballeye.com](http://www.basketballeye.com)