



InfoSport:

2010 PRO SOCCER COMBINE
JANUARY 6-8, 2010 – SANFORD, FLORIDA

MEN'S APPLICATION

PERSONAL DATA:

Name: _____ Date of Birth: _____

Current Phone: (____) _____ Permanent Phone: (____) _____

Pager: (____) _____ Mobile Phone: (____) _____

email address: _____
(please make sure this email address is valid and that you have frequent access to it)

Current Mailing address: _____

City: _____ State: _____ Zip: _____ Valid Until: _____

Permanent Mailing address: _____

City: _____ State: _____ Zip: _____

Position Played (ONLY LIST ONE): _____
*(Goalkeepers **must** have collegiate or professional experience)*

Height: _____ Weight: _____ Size of Jersey (circle one): S M L XL XXL
(We make every attempt to provide you the requested size, but cannot guarantee it)

Any injuries/surgeries during career? (List type, date and result):

List any pertinent medical conditions (asthma, diabetes, allergies, etc.) :

Do you have a passport? Yes or No (circle one) Place of Issue: _____

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

If you are not a US citizen, please indicate your residency status: _____

Please provide the BIRTHPLACE for each of the following: Yourself: _____

Mother: _____ Maternal Grandmother: _____

Father: _____ Maternal Grandfather: _____

Paternal Grandmother: _____ Paternal Grandfather: _____

Your Agent's Name: _____ Agent's email: _____

Agent's Phone: (____) _____ Agent's FAX: (____) _____

Agent's Address: _____

City: _____ State: _____ Zip: _____

Agent's Web Site: www. _____

WWW.INFOSPORTINC.COM

E-MAIL: SOCCER@INFOSPORTINC.COM

POST OFFICE BOX 825

WORCESTER, PA 19490

USA

FAX 215-689-1479



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COLLEGE SOCCER EXPERIENCE:

College attended: _____ Head Coach: _____

Coach's Office Phone Number: _____ email address: _____

Sports Information Director: _____ email address: _____

Final Season of eligibility: _____ (Participation in this event could impact collegiate eligibility. If you have eligibility remaining, consult with your coach or athletic director.)

College Stats/Honors/Records: _____

CLUB SOCCER EXPERIENCE:

PROFESSIONAL SOCCER EXPERIENCE:

PAYMENT INFORMATION:

Calculate your total:

Combine Fee \$279 (postmarked or fax'd on or before October 1, 2009) _____

Combine Fee \$299 (postmarked or fax'd on or before November 1, 2009) _____

Combine Fee \$329 (postmarked or fax'd after November 1, 2009) _____

Spectator/Guest Pass \$5 each _____

CATERED BOX LUNCH PROVIDED FREE TO REGISTERED PLAYERS ON TWO DAYS

Please check here if you prefer a vegetarian lunch

TOTAL \$ _____

Select Method of Payment: SORRY, PERSONAL CHECKS NOT ACCEPTED

Certified Check or Money Order enclosed (made payable to InfoSport, Inc.)

American Express, Visa or MasterCard

Credit Card Number: _____ Exp. Date: _____

Name as it appears on the card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Signature of Card Holder: _____

(NOTE: CREDIT CARD ORDERS WILL BE BILLED A 5% PROCESSING FEE, BASED ON THE TOTAL BILL)

Application Deadline: All applications are processed on a first-come, first-served basis. You will be notified of your acceptance by mail or email. Mail your application, registration fee and any supporting materials to:
InfoSport, Inc., P.O. Box 825, Worcester, PA 19490, USA – or FAX: 215-689-1479.

Refund policy available at www.infosportinc.com. FULL REFUNDS AVAILABLE PRIOR TO 10/1/09.

PARTIAL REFUNDS AVAILABLE BETWEEN 10/2/09-12/15/09. NO REFUNDS AFTER 12/15/09.

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