



# InfoSport:

2011 PRO SOCCER COMBINE  
JANUARY 4-6, 2011 – SANFORD, FLORIDA

## MEN'S APPLICATION

### PERSONAL DATA:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Permanent Phone: (\_\_\_\_) \_\_\_\_\_ 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) Country of Issue: \_\_\_\_\_

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

If you are not a US citizen, please indicate your US 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](http://WWW.INFOSPORTINC.COM)

E-MAIL: [SOCCER@INFOSPORTINC.COM](mailto:SOCCER@INFOSPORTINC.COM)

POST OFFICE BOX 825

WORCESTER, PA 19490

USA

FAX 215-689-1479



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**COLLEGE SOCCER EXPERIENCE:**

MEN'S APPLICATION

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, 2010) \_\_\_\_\_

Combine Fee \$299 (postmarked or fax'd on or before November 1, 2010) \_\_\_\_\_

Combine Fee \$329 (postmarked or fax'd after November 1, 2010) \_\_\_\_\_

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, with the exception of GK.**

**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](http://www.infosportinc.com). FULL REFUNDS AVAILABLE PRIOR TO 10/1/10.

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

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