



InfoSport:

2012 PRO SOCCER COMBINE

MEN'S APPLICATION

JANUARY 3-5, 2012 – BRADENTON/SARASOTA, FLORIDA

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)

Permanent Mailing address: _____

City: _____ State: _____ Zip: _____

Twitter Screen Name (if available) _____

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) From what Country: _____

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

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: _____

Final Season of eligibility (provide year): _____

(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 \$299 (postmarked or fax'd on or before October 10, 2011) _____

Combine Fee \$319 (postmarked or fax'd on or before November 30, 2011) _____

Combine Fee \$339 (postmarked or fax'd after November 30, 2011) _____

Spectator/Guest Pass \$5 each _____

CATERED BOX LUNCH PROVIDED FREE TO REGISTERED PLAYERS ON TWO DAYS

o Please check here if you prefer a vegetarian lunch

TOTAL \$ _____

Select Method of Payment: **SORRY, PERSONAL CHECKS NOT ACCEPTED**

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

o 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. FULL REFUNDS AVAILABLE PRIOR TO 10/1/11.

PARTIAL REFUNDS AVAILABLE BETWEEN 10/2/11-12/15/11. NO REFUNDS AFTER 12/15/11.

Web site

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