



Dominic Republic Exposure Tour Team Tryout

November 4, 2018

12pm to 5pm

\$55 for FBA players

\$125 for non-FBA players

**WINTER PARK
COMMUNITY CENTER**
721 West New England Avenue
Park, Florida 32789

DEMOGRAPHIC INFORMATION:

Name: _____ Date Of Birth: _____

Current Phone () _____ Mobile Phone: () _____

Email Address: _____

(Please WRITE LEGIBLY, make sure this email is valid and you have frequent access to it.)

Permanent Mailing Address: _____

City: _____ State: _____ Zip: _____

Are you married? _____ Do you have children? _____

Do you have a passport? _____ 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? _____

Your Agent's Name: _____

Agent's Phone: () _____ Agent's email address: _____

(Please WRITE LEGIBLY)



BASKETBALL INFORMATION:

Position Played: (circle all that apply): 1 2 3 4 5

Height: _____ Weight: _____

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

Any Surgeries?

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

COLLEGE BASKETBALL EXPERIENCE:

College attended: _____ Head Coach: _____

Coach's Phone: () _____

Coach's Email Address: _____

Your Final Season of eligibility: _____

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

College Stats/Honors/ Records:

PROFESSIONAL BASKETBALL EXPERIENCE:

Pro Team: _____ League/ Country: _____ Year(s) with team: _____

Additional Information/Comments Regarding Professional Basketball Experience:



PAYMENT INFORMATION:

Select Method of Payment:

- Certified Check or Money Order enclosed (made payable to Winning Ways Pro International)
NO PERSONAL CHECKS

- **MasterCard** or **Visa** Card Number: _____

Card expiration date: _____ Card security code: _____

Name as it appears on card: _____

Billing Address: _____

ALL PLAYER MUST SIGN BELOW, REGARDLESS OF PAYMENT METHOD:

Signature: _____

This form indicates that the player participating authorizes Winning Ways Pro International to act for them (the player) according to their (WWPI) best judgment in any emergency requiring medical attention and the player hereby releases, exonerates, and discharges Winning Ways Pro International Inc. and its employees from any and all action or causes or actions known or unknown resulting in any player injuries while at Winning Ways Pro International Inc. events.

Application Deadline: All players are admitted on a first-come, first-served basis until the camps are filled. Submission of application does not guarantee acceptance to the camp. Players not accepted will receive a full refund of the application fee. Once a player has registered and been accepted there are no refunds. NO EXCEPTIONS.

TO REGISTER EITHER

- Fax Completed Application to:
1-888-307-2068

OR

- Mail Completed Application to:
Winning Ways Pro International, P.O. Box 160835, Altamonte Springs, FL 32716

YOU WILL RECEIVE AN EMAIL CONFIRMING YOUR REGISTRATION UPON RECEIPT

www.winwayspro.com

barry@winwayspro.com

P.O. Box 160835

Phone: 321-439-1199

Altamonte Springs, FL 32716