



# Dominic Republic Exposure Tour Team Tryout

## August 8 – 9, 2017

\$195 Registration fee(early) \$250 at the door  
Tryouts start at 6pm

ANY PLAYERS THAT  
ARE CHOSEN IN THE  
TRYOUTS WILL LEAVE  
5-7 DAYS AFTER THE  
TRYOUT.  
**BE PASSPORT  
READY!!!**

**TESTIMONIAL  
YOUTUBE VIDEOS:**  
[HTTPS://WWW.YOUTUBE.COM/  
WATCH?v=8SKWQYS1NY8](https://www.youtube.com/watch?v=8SKWQYS1NY8)

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

**DEMOGRAPHIC INFORMATION:**

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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)**

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# WINNING WAYS

**International**  
From the Backboard to the Boardroom



## BASKETBALL INFORMATION:

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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:

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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:

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

Additional Information/Comments Regarding Professional Basketball Experience:



**PAYMENT INFORMATION:**

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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

Phone: 321-439-1199

barry@winwayspro.com

P.O. Box 160835  
Altamonte Springs, FL 32716