



Winning Ways Pro International:

2009

PRO BASKETBALL COMBINE

MEN'S APPLICATION

August 29-30, 2009 – Hoop Magic Sports Academy – Chantilly, VA

Name: _____ Date of Birth: _____

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

Mobile Phone/Pager: (____) _____ 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: _____

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

Height: _____ Weight: _____ Size of Jersey (circle one): M L XL XXL
(we make every effort to provide your requested size, but do not guarantee it)

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

Any surgeries?

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

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? _____

Please provide the **BIRTHPLACE** for each of the following:

Yourself: _____ Maternal Grandmother: _____

Mother: _____ Maternal Grandfather: _____

Father: _____ Paternal Grandmother: _____

Paternal Grandfather: _____

Your Agent's Name: _____

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

Agent's Address: _____

City: _____ State: _____ Zip: _____ Agent's email address _____

WWW.WINWAYSPRO.COM

385 CENTER POINTE CIRCLE SUITE #1319

EMAIL: PROINFO@WINWAYSINC.COM

ALTAMONTE SPRINGS, FL 32701

PHONE: 407.339.9053

USA

FAX: 407.339.5562



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COLLEGE BASKETBALL EXPERIENCE:

College attended: _____ Head Coach: _____

Coach's Phone: (____) _____ Coach's Email address: _____

Sports Information Director: _____ SID's Phone: (____) _____

SID'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:

Please calculate your total:

Combine \$250 (if registered by 7/29/09) _____

Combine \$280 (if registered after 7/29/09) _____

Pro Package DVD Set \$50 _____

Spectator/Guest Pass \$3 each (____) x \$3 each = _____

Basketball Eye Membership \$25 (Reg. Price \$99) _____

TOTAL \$ _____

Select Method of Payment:

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

Master Card or Visa Card Number: _____

Card expiration date: _____

Name as it appears on card: _____

Signature: _____

Billing Address: _____

(NOTE: Credit card orders will be charged a 5% processing fee, based upon the total bill)

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.**

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