



Winning Ways Pro International: 2009

PRO TRAINING/EVALUATION CAMP WOMEN'S APPLICATION
October 17, 2009 – Lake Brantley Athletic Complex – Altamonte Springs, FL

Name: _____ Date of Birth: _____

Current 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

1.877.808.HOOP

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:

Camp (October 17, 2009) \$100 _____

Basketball Eye 1 Year Membership \$25 (Regular Price: \$99/year) _____

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.**

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

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