

TO BE COMPLETED BY CLUB REPRESENTATIVE

CLUB INFORMATION

CLUB NAME				
HEADQUARTERS ADDRESS	STREET	CITY	STATE	ZIP CODE

STATEMENT OF CONTACT

PLAYER NAME	
DATE OF FIRST CONTACT	
STATEMENT OF FIRST CONTACT WITH PLAYER	

CLUB REPRESENTATIVE | SIGNATURE

NAME	
TITLE	
I declare that this application, to the best of my knowledge and belief, is true, correct, and complete.	
SIGNATURE	
DATE	