



2008 Registration Form

Fax Phone (972) 272-7900

Email: custsrv@gostallionsbasketball.com

Personal Information	First Name	Last Name	Date of Birth (mm/dd/yy) //	Current Address	Permanent Address
Home Phone ()	Work Phone	Cell Phone ()	Social Security #	Height ()	Weight
Position Agent Y or N Name Number					

Educational History

High School Completed	Date Graduated	
College Attended	Graduated	Year Graduated
Yes or No		
Major		

College Basketball Experience

Name of College	Division	Years Played	Games Played	Games Started	Jersey Number
Position(s) Played	Head Coach	Number	Email		
Conference					
Stats, Records, & Honors					

Pro Basketball Experience

Name of Team	League	Year(s) with Team	# of Games Played/# Seasons
Additional Comments:			Coach
Name of Team	League	Year(s) with Team	# of Games Played/# Seasons
Additional Comments:			Coach
Name of Team	League	Year(s) with Team	# of Games Played/# Seasons
Additional Comments:			Coach

Minor League/Semi Pro Basketball Experience

Name of Team	League	Year(s) with Team	# of Games Played/# Seasons
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Additional Comments:

Name of Team	League	Year(s) with Team	# of Games Played/# Seasons
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Additional Comments:

Sign Here	Date	<i>Office Use Only</i>
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Date Received:

Combine Location	Combine Date	Amount Paid	Type of Payment
Cash		Certified Check	
Money Order			