



2010 PRO EXPO TORONTO

JULY 27 & 28

PLEASE COMPLETE THE REGISTRATION INFORMATION,
AND EMAIL OR MAIL TO US USING THE INFORMATION PROVIDED AT THE BOTTOM OF THE APPLICATION.

CONTACT INFORMATION

First Name: _____

Last Name: _____

D.O.B. ____/____/____

Current Phone: _____

Mobile Phone/ Pager: _____

E-mail: _____

CURRENT MAILING ADDRESS

Address: _____

City: _____

Province/State: _____

Country: _____

Postal Code: _____

PERMANENT MAILING ADDRESS (IF NOT THE SAME AS ABOVE)

Address: _____

City: _____

Province/State: _____

Country: _____

Postal Code: _____



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PROFILE

Position Played (check all that apply): 1 2 3 4 5

Height: _____ ' _____ " OR _____ cm

Weight: _____ lbs OR _____ kgs

Size of Jersey: M L XL XXL

Any Injuries during career? _____

(List type, date and result) _____

Any surgeries? _____

List any pertinent medical Conditions: _____
(Asthma, Diabetes, Allergies, etc.) _____

Are you married? Yes No

Do you have children? Yes No

Do you have a passport? Yes No

From what Country? _____

Do you have dual Citizenship with another Country? If so, which Country? _____

If you are not a Canadian Citizen, what is your residency status? _____

PLEASE PROVIDE THE BIRTHPLACE FOR EACH OF THE FOLLOWING

Yourself: _____

Mother: _____

Father: _____

Maternal Grandmother: _____

Maternal Grandfather: _____

Paternal Grandmother: _____

Paternal Grandfather: _____



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Do you have an Agent? Yes No (If yes please fill out information below)

AGENT INFORMATION

Your Agent's Name: _____

Agent's Phone: _____

Agent's Fax: _____

Agent's Address: _____

City: _____

State/ Province: _____

Zip/Postal Code: _____

Agent's E-mail Address: _____

COLLEGE BASKETBALL EXPERIENCE

College Attended: _____

Head Coach: _____

Coach's Phone: _____

Coach's E-mail Address: _____

Sports Information Director: _____

SID's Phone: _____

SID's E-mail Address: _____

Your Final Season of Eligibility: _____

College Stats / Honours / Records: _____

PROFFESIONAL BASKETBALL EXPERIENCE

Pro Team: _____

League/ Country: _____

Year(s) with Team: _____

Additional information or comments regarding professional Basketball experience:



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Please fill out the above Information and send electronically to ltdsports@rogers.com
(If you need help filling out go to www.pdfFiller.com)

OR print, fill out and mail to:

1288 Ritson Road North
Suite#352
Oshawa, ON
L1G 8B2

Applications received before June 5th, 2010 will get early registration fee of \$200
Applications submitted after that will be \$250

PAYMENT OPTIONS

Preferred: Western Union, Online Banking, and Direct Banking transfers
(Contact us and we will advise of details)

Other: Cheques, Bank Drafts or Money Orders
(Made out to: Long Term Development Sports Inc.)