



For Internal Use:
_____ Fee
_____ Disclosure Form
_____ Waiver Form

2007 PLAYER TRYOUT REGISTRATION

PERSONAL & EMPLOYMENT DATA:

First Name _____ Last Name _____ Middle Initial _____
Home Address _____
City _____ State _____ Zip _____
Home Phone # _____ Cell Phone # _____
Social Security # _____ Birthdate _____ Age _____
State of Birth _____ Marital Status _____ Height _____ Weight _____
Driver's license _____ State of License _____
U.S. Citizen Yes [] No [] Other _____
Employer &/or School _____ Work/School # _____
Occupation _____ Full Time [] Part-Time []

Father's Name _____ Mother's Name _____
Parent's Home Phone # _____ Parent's Work # _____
Parent's Address _____
City _____ State _____ Zip _____
Alternative Contact Name & Phone # through which you can always be reached during the tryout period:
Name _____ Phone # _____

Have you ever been arrested? Yes [] No [] If yes, provide details? _____

EDUCATIONAL DATA:

Name of High School Completed _____ State _____ Date Graduated _____
College/University _____ Current Year _____
Major _____ Minor _____
Have you graduated? Yes [] No [] If yes, when? _____

PROFESSIONAL PLAYING EXPERIENCE:

Have you ever played professional basketball? Yes [] No []
If yes, when? _____ Where? _____ With Whom? _____
In one sentence, please define the "goal" you hope to achieve as a D-League Mad Ants Player?

PLEASE BE SURE TO ATTACH ALL THE FOLLOWING:

- Completed Registration Application
- Signed "Waiver & Release Form"
- Disclosure Authorization Form
- Registration Fee in form of Money Order or Cashier's Check ONLY

MAIL ALL APPLICATION MATERIALS TO:

Fort Wayne Mad Ants Open Tryouts
1910 St. Joe Center Rd., Suite 61
Fort Wayne, IN 46825

DEADLINE TO TURN IN APPLICATION MATERIALS: October 12th. 2007 by 5:00 PM