

**Florida Flight Professional Basketball
2010 Free Agent Tryout Camp**

Application Form

Please Print

First Name

MI

Last Name

Street Address

Apt#

City /State /Zip

Mobile Phone Number

Home Number

E-mail Address

Social security # (for background checks only)

Height

Weight

Position(s) Played

XXL XL L M

Date of Birth

T-Shirt size

Last Place Played

Coach

Level

Agency Representation (if any)

Phone Number

E-mail Address

College and year graduated

Coach

High School and year graduated

Coach

Awards/Honors

**Florida Flight Professional Basketball
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Why have you chosen to try-out for the Florida Flight?

What are your strongest attributes as a player?

What do you need to improve on as a player?

Please list Coaching references (include phone number and e-mail address)

Last season played statistical averages

Year	Games	FG			3 PT			FT			Rebs		PF	PTS	A	TO	BL	ST	MIN
		M	A	%	M	A	%	M	A	%	O	D							

***** Please include the following items:**

- 1. Completed application form**
- 2. Open Try-out fee of \$50.00 (make checks/money order payable to Flight Basketball)**
- 3. Head shot (passport-sized photo)**

**Mail to: Florida Flight Pro Basketball
PO Box 621201
Orlando, FL 32862-1201**