East Coast Exposure Shootout

College Recruiting Profile / Registration Form

	Perso	nal Information	
Full Name:			
Address:	Last	First	M.I.
Address.	Street Address		Apartment/Unit #
	City	St	ate ZIP Code
Home Phone:		Cell Phone:	
Email:		Parent's Email	
HS Class		High School	
Position:1-P (Maximum of 2)	Point Guard 2-Shooting Guard	d3-Small Forward4-	Power Forward 5-Center
HEIGHT	WEIGHT T-SHIRT SIZE: (Check One)	SmallMedium Large _	X-LargeXX-Large
HS Coach Name:	_	HS Coach Phone:	_
HS Coach Email:		<u> </u>	
GPA:		Class Rank / Size of Class	
SAT Scores:	MATH READING W	RITING TOTAL	ACT Score:
Preferred College	Major Course of Study:		
Top 4 College Cho	pices:		
AAU Coach Name	::	AAU Coach Phone:	
AAU Coach Email	:		
	Parental Consen	nt & Insurance Information	
	not compete unless this section health insurance, you must call		
insurance for stude policy that I have it	Shepherd University, East Coast Sents, and I hereby certify my child in force. Further, I hereby authorize is to be referred to a local physicial	is covered by a personal insurance routine medical dispensary care	e policy or is included in a
Insurance Co:	Policy #	Group	#
Name of Policy Ho	older	Signature of Parent/Guardian	

Fee for Shootout: \$65 (after August 21st, fee is \$85)

Fee and Payment – Shootout Fee is Non-Refundable. Only checks and money orders are accepted – No credit cards. Send completed Registration and Payment to:

Skills Plus Basketball
807 Hallyard Ct, SE, Leesburg, VA 20175

Please make sure the registration form is filled out completely. Include position, height, weight, shirt size and year of graduation in order to be placed. Provide current insurance information and parent signature on the registration form.