

**Women's Basketball Showcase
Registration Form**

Full Name:	
Street Address/P.O. Box:	
City, State, Zip:	
Home Phone:	
Mobile Phone:	
Email Address:	
	Height: Weight : Date of Birth:
Marital Status:	
Dependents?	Y/N (circle one)
Passport Number:	Expiration Date:
International Player?	Y/N (circle one) Current Team:
Agent's Name:	
Agent's Contact Number:	
Graduating Senior?	Y/N (circle one) If not, last year of organized basketball:
College Attended:	Grad. Month/Year
College Coach; Contact information:	
Other References (name, position, and contact information):	
Primary Position:	1 2 3 4 5 (please circle one)
Stats:	Ppg Rpg Apg Spg FG% FT%
Other Basketball Experience - HS, AAU, etc.: (brief summary)	
Honors/Awards: (brief summary)	
Major Injury History (incl. year):	
How did you hear about WBBS?	

Mail this form (along with other registration materials) to:
 Women's Basketball Showcase
 c/o Temekia Moses
 P.O. Box 8305
 Greensboro, NC 27419

