

ATLANTA SILVERBACKS OPEN COMBINE APPLICATION



Name:	Date of Birth:				
Home Address:					
Home Phone:	Cell Phone:				
T-Shirt Size: S					
			Height		Weight:
Are you a United State					weight:
f you're not a United				rd? \	Yes No
-		-	_		
Professional Experience	ce (include tea	m, league	e or division, a	and years p	played):
College Experience (In					
		•			
Circle the combine you	u will be attend	ding:			
December 2	2-4, 2011	J	lanuary 27-29), 2012	February 17-19, 2012
Friday sessions f	rom 4:30 - 7 p	.m., Satur	day sessions	from 2-5 p.	.m., Sunday sessions from 9-11 a.m.
Payment: No cash or por credit card (Visa, M			•	ticipants ma	nay pay with certified check, money orde
Card number:			Expira	ition:	Security Code:
Make checks payable t					
иаil \$200 combine fe			s application	to:	
	, ,				

Atlanta Silverbacks Pro Team Combine

Attn: Rodrigo Rios

3299 Northcrest Rd., Suite 200

Atlanta, GA 30340

Application deadline: All applications must be submitted at least 10 days prior to the start of each combine.

Refund policy: Players must attend the combine in order to be considered. Unless the combine in cancelled by the Atlanta Silverbacks, there will be no refunds.

Please attach a recent photo to your application.