

## ATLANTA SILVERBACKS WOMEN COMBINE APPLICATION



Name:		Date of Birth:	
Home Address:			
Home Phone:	Cell Phone:		
Work Phone:			
Email:			
Position:	Height:	Weight:	
Are you a United States citizen? Yes	No		
lf you're not a United States citizen, do you h	nave a green card?	Yes No	
Professional Experience (Include team, leagu	ue or division, and yea	rs played):	
College Experience (Include college, division,	, and years played):		
Circle the combine you will be attending:			
May 3, 2013		May 4, 2013	

**Payment:** Only accepted payment methods are personal check or money order. Checks should be made payable to the Atlanta Silverbacks.

Mail \$100 combine fee, tryout waiver, and this application to:

6-8 p.m.

Atlanta Silverbacks Women's Team Combine

1-3 p.m.

Attn: Chris Adams 3299 Northcrest Rd., Suite 200 Atlanta, GA 30340

**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.