



American Football Worldwide

JB Sports Enterprises, Inc.

ITALY 2018 International Competition Tour - STUDENT-ATHLETE Registration

PERSONAL INFORMATION - Full Legal Name, etc. (as listed on Passport or will be listed on Passport)

(First): _____ (Middle): _____ (Last): _____

Address: _____ e-mail: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Parents Father: _____ Mother: _____

e-mail: _____ e-mail: _____

Phone: (____) _____ Phone: (____) _____

TRAVEL INFORMATION (fill out what is possible at this time):

Passport No: _____ City, State, Country of Birth: _____

Date of Issuance: _____ Expiration Date: _____ Birthday: ____/____/____

Intended Overseas Flight Travel (circle): Group NY Group Chicago Group LA Land Only Meet in Rome TBD

Potential Roommate: _____ Traveling with other family members? Yes _____ No _____

If yes, list other family: _____

Emergency Contact: _____ Phone: (____) _____ Relationship: _____

PLAYER FOOTBALL INFORMATION: (List Position / how many years started at position)

Primary Off Pos: ____/____ Scndry Off Pos: ____/____ Primary Def Pos: ____/____ Scndry Def Pos: ____/____

Specialist Pstn?: _____ Height: _____ Weight: _____ Jersey # Requests: _____

High School: _____ HS Coach _____ HS City: _____

Top Accolades/Honors: _____

DEPOSIT & PAYMENT: With parent consent I am enrolling to participate in the American Football Worldwide high school select tour to Italy from march 31 - April 8, 2018. We acknowledge reading the Travelers Information document that outlines the cost, donation/payment timeline and cancellation policies of this tour. With this **\$350 deposit**, I confirm my participation and will abide by the trip organizer's policies. (See Traveler Information document)

Player Signature: _____ Date: _____

Parent Signature: _____ Date: _____

____ Attached/Enclosed is my check/money order for \$350 made out to "**American Football Worldwide**" (AFW), or

____ I authorize AFW/JB Sports to charge the listed credit card \$350. I will make arrangements for future payments or donations in accordance with the installation payment plan outlined in the Traveler Information document.

____ I authorize American Football Worldwide to charge the listed credit card \$350 now as well as all future payments in accordance with the installment due dates listed in the Travelers Info document.

Credit Card No : _____

Name on Card: _____

Type (D, V, AE) Expiration: ____/____ Scrty Code: _____

Signature: _____

Date: _____

Mail this Registration Form and payment to: American Football Worldwide, 4930 35th Avenue, Moline, IL 61265
Alternatively, scan and send to jb@americanfootballworldwide.com. Credit card information can be called in