



American Football Worldwide

JB Sports Enterprises, Inc.

IRELAND 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 Departure City (circle): GROUP: NY CHICAGO LA or Land Only Meet in DUBLIN

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 IRELAND from March 24 to April 1, 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.

Credit Card No : _____

Name on Card: _____

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

Signature: _____

Date: _____

____ 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.

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