CANADA

APPLICATION FOR CANADA BASKETBALL INTERNATIONAL PLAYER'S LICENCE

PLAYER'S NAME _____

PERMANENT CANADIAN ADDRESS _____

_____

PHONE H:_____ F:_____ Email:_____

PERSONAL INFORMATION Age_____ Sex_____ M F

Birthplace_____ Date of Birth____/____/____
dd mm yy

Citizenship_____ Ht._____ Wt._____

EDUCATIONAL HISTORY List Institutions Attended and Year of Completion:

Post Secondary_____ Yr. Completed_____

High School_____ Yr. Completed_____

BASKETBALL HISTORY Name of Amateur Teams, With Dates (include all-star, foreign, etc.)

1_____ 2_____

3_____ 4_____

AGENT INFORMATION Name _____

Nationality_____

FIBA Agent License Number _____

NAME OF FOREIGN TEAM (list name and address of agent, if foreign team unknown)

_____
Team Name Country Contact #

DEPARTURE DATE _____
(Note: The license must be obtained prior to date of departure time from Canada)

I have answered all questions above completely and accurately, and I certify that all information is true and correct.

SIGNATURE_____ DATE_____

MAIL OR FAX TO

CANADA BASKETBALL
1 Westside Drive, Unit 11
Toronto, Ontario
M9C 1B2
PH: (416) 614-8037
FAX (416) 614-9570

CREDIT CARD INFORMATION
Credit Card #: _____
Expiry Date: _____
Card Type: _____
Cardholders Name: _____
Cardholders Signature: _____

Allow ten (10) days for processing. Fee of $110.00 must be received before processing. For your convenience VISA, MASTERCARD and AMERICAN EXPRESS are accepted.

OFFICE USE ONLY
Date Processed_____ Fee_____

License No. _____