

# BLUE CHIP PROSPECTS

2012 HIGH SCHOOL FOOTBALL COMBINE  
Sunday May 6<sup>th</sup> @ SACHEM NORTH HIGH SCHOOL  
(Sunday May 13<sup>th</sup> is the rain date)

## PLAYER REGISTRATION FORM

Circle Preferred Session: #1- 9AM #2- 1:30PM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ HT: \_\_\_\_\_ WT: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_ GRAD Yr: \_\_\_\_\_

GPA: \_\_\_\_\_ (P)SAT: M \_\_\_\_\_ V \_\_\_\_\_ W \_\_\_\_\_ TOTAL: \_\_\_\_\_

PRIMARY POSITION: **Please Circle only one**

QB RB WR TE OL DL LB DB P/K

HIGH SCHOOL COACH: \_\_\_\_\_ PHONE: \_\_\_\_\_

STATISTICS OR AWARDS: \_\_\_\_\_

Please send this registration form with payment of \$115 to: \* no refunds or cancellations  
Blue Chip Prospects  
PO BOX 157 or Fax to: 631-676-2532  
BAYPORT, NY 11705

Circle One Payment Method: CHECK OR CREDIT CARD

CC # \_\_\_\_\_ EXP DATE: \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_