

ISRAEL SPORTS EXCHANGE 2012 PROGRAM

PRELIMINARY APPLICATION

Please print clearly and provide complete information.

Name _____

Address _____

City/State/Zip _____

Telephone () _____

Email Address _____

Date of Birth _____

High School _____

Grade in School (as of 9/2012) _____

- I am a varsity-level athlete in excellent physical health and able to undertake a vigorous athletic and touring program.

Please check one:

- Swimming

- Tennis Do you have ITF points? Yes No (ITF points are not required to participate in the program, but having points may present additional opportunities to you.)

Coach Name(s) and Phone Number(s)

Signature of Applicant

Print Applicant's Name

Signature of Parent

Print Parent's Name

Date _____

Please return this application to:
Israel Sports Exchange
Att: Larry Seidman
100 Misty Lane, 1st Floor
Parsippany, NJ 07054
(973) 952-0405, (973) 694-2596 (Evenings)
Fax (973) 781-0876
E-mail: lbseidman@msn.com