



Pregame Athletics Consulting Team

AGENCY REPRESENTATION APPLICATION

Full name:

Last First M.I.

Date:

Address:

Street address Apt/Unit #

Phone:

Email:

City State Zip Code

Date of Birth:

Are you a citizen of the United States?

Yes ☐ No ☐

If no, are you authorized to work in the U.S.?

Yes ☐ No ☐

Have you ever worked for this company?

Yes ☐ No ☐

If yes, when?

Have you ever been convicted of a felony?

Yes ☐ No ☐

If yes, explain?

Education

ACT/SAT Score:

Anticipated High School Beginning Year:

Anticipated High School Graduation Year:

Anticipated College Beginning Year:

Anticipated College Graduation Year:

College Choices:

College Major:

Career:

High school:

Address:

From:

To:

Did you graduate?

Yes ☐ No ☐

Diploma:

College:	_____	Address:	_____
From:	_____	To:	_____
Did you graduate?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Degree:		_____	
Other:	_____	Address:	_____
From:	_____	To:	_____
Did you graduate?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Degree:		_____	

Extracurricular Activities

Please list any relevant extracurricular activities: _____

Honors/Awards: _____

Community Service

Community Service Organization: _____
 Service Type/Description: _____
 Hours Served: _____
 Site Supervisor: _____

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 Service Type/Description: _____
 Hours Served: _____
 Site Supervisor: _____

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 Service Type/Description: _____
 Hours Served: _____
 Site Supervisor: _____

References

Academic Leader

Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____

Former/Current Coach

Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____

Address: _____ Email: _____

Community Leader

Full name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

This application is incomplete until the following information is also submitted:

- Official Transcript(s)
- Reference Questionnaires Completed

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to representation, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Upon completion of this application/attachments, please mail to the following address:

Attn: PACT AGENT
Pregame Athletics Consulting Team
P.O. Box 505/304 Main Street
Duck Hill, MS 38925