

Contact Information (Please Print)

NAME _____ HOME PHONE _____ CELL PHONE _____

FULL ADDRESS _____
 (NUMBER/STREET) (CITY) (STATE) (ZIP CODE)

AGE _____ BIRTHDATE _____ PARENT (S) NAME _____

EMAIL ADDRESS _____ PARENTS EMAIL ADDRESS _____

PREFERRED TESTING TIME (CIRCLE ONE) 12:00 AM or 3:00 PM T-SHIRT SIZE (CIRCLE) XXXL XXL XL L M

Academic Information

HIGH SCHOOL _____ GRADUATION YEAR _____

OVERALL GPA _____ SAT SCORE _____ ACT SCORE _____

DESIRED MAJOR _____ DESIRED MINOR _____

Athletic Information

HEIGHT _____ WEIGHT _____ PRIMARY POSITION _____ TEAM RECORD _____

JERSEY # _____ # OF REPS @ 185 LBS. (BENCH) _____ X 185 # OF REPS @ 225 LBS. (BENCH) _____ X 225

SPEED: 40 TIME _____ VERTICAL JUMP _____ PRO SHUTTLE _____ BROAD JUMP _____

COACHES NAME _____ COACH PHONE # _____

VARSITY STATISTICS FR. SOPH. JR. SR. YEARS

AWARDS/HONORS (I.E. ALL-STATE, ALL-LEAGUE) _____

WHO ARE YOU BEING RECRUITED BY NOW _____

COLLEGE LEVEL OF INTEREST _____ DIV.1 _____ SMALL DIV. 1 _____ DIV. 2 _____ NAIA _____ DIV. 3 _____ JUCO

TOP 5 UNDERCLASSMEN ON YOUR TEAM 1) _____ 2) _____

3) _____ 4) _____ 5) _____

(REGISTRATION PROCESS)

1.) PLEASE SEND COMPLETED REGISTRATION FORM, HIGHLIGHT TAPE AND/OR 1 FULL GAME TAPE

2.) SEND COLOR PHOTO(S) FOR RIVALS USE

3.) \$50 CHECK OR MONEY ORDER (DEADLINE IS MARCH 7TH) MADE PAYABLE TO:

MICHIGAN ELITE FOOTBALL - 16086 BIRWOOD BEVERLY HILLS, MI 48025

4.) IF REGISTRATTION ARRIVES AFTER MARCH 7TH THE REGISTRATION FEE IS \$80

5) SIGN AND SEND IN ATTACHED WAIVER FORM