

**FLORIDA STATE UNIVERSITY**  
**2007-08 AGENT / FINANCIAL ADVISOR REGISTRATION FORM FOR AGENTS /**  
**FINANCIAL ADVISORS PREVIOUSLY REGISTERED WITH**  
**FLORIDA STATE UNIVERSITY**

The signing of this form is required to keep your registration with the Florida State University Professional Sports Counseling Panel current.

I certify that I will notify Bob Minnix before the first contact with a student-athlete who has eligibility remaining in any sport and is enrolled at the Florida State University or before the first contact with the student-athlete's coach and that I have reviewed the NCAA rules and regulations that accompany this form and will not and/or have not engaged in any activity prior to a student-athlete's agreement to be represented that would otherwise jeopardize the student-athlete's eligibility. I also understand that failure to comply with the terms of this certification and the applicable NCAA legislation may result in the initiation of legal proceedings by the Florida State University against me and the assessment of civil and/or criminal penalties to me.

Name: \_\_\_\_\_

Florida Agent Registration No. \_\_\_\_\_

Name of Firm/Agency: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Business Phone

E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Please indicate which current Florida State University student-athlete(s) you plan to contact in the upcoming year:

\_\_\_\_\_  
\_\_\_\_\_

Please name any former Florida State University athlete you currently represent or have previously represented (use additional sheets if necessary):

\_\_\_\_\_  
Player Name Team Clients Phone

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return Completed Form To:**

**Bob Minnix**  
Senior Associate Athletics Director  
Florida State University  
P.O. Box 2195  
Tallahassee, FL 32316  
Phone: 850-644-4272  
**Fax: 850-644-7025**