

**FLORIDA STATE UNIVERSITY**

**2007-08 PLAYER-FINANCIAL ADVISOR REGISTRATION FORM**

Completion of this form is required for registration in the Florida State University Financial Advisor Program.

**NOTE:** This form must be completed in its entirety.

**I) General (please print or type)**

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Home Phone #

If affiliated with a particular firm or agency as a Financial Advisor, please indicate:

Name of Firm or Agency: \_\_\_\_\_

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

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

E-Mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**II) Education**

High School

\_\_\_\_\_  
School Name Month/Year Graduated

College (undergraduate)

\_\_\_\_\_  
School Name Degree(s) Year Graduated

\_\_\_\_\_  
City State

Graduate/Legal/Professional

\_\_\_\_\_  
College or University Degree(s) Year Graduated

\_\_\_\_\_  
City State

**III) Experience**

Number of years' experience as a Financial Advisor: \_\_\_\_\_

Sports in which you currently represent athletes: \_\_\_\_\_

For each sport noted above, the total number of athletes you currently represent: \_\_\_\_\_

**IV) Other Qualifications**

Current membership in professional organizations \_\_\_\_\_

Occupational or professional licenses (e.g., certified public accountant, chartered life underwriter) and date obtained:

**V) Professional Services**

General services performed for client athletes (check those that apply and indicate fee charged):

Legal Assistance \_\_\_\_\_ Tax Consulting \_\_\_\_\_

Financial Planning \_\_\_\_\_ Money Management \_\_\_\_\_

For the services you perform for client athletes, list the names and addresses of individuals, firms or agencies who assist in providing these services. Use additional sheets if necessary:

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Names of at least 10 athletes (or all clients, if fewer than 10) you currently represent and, in team sports, the team/league to which each athlete is currently under contract and name of team representative with whom you negotiated this contract. Write "none" if you currently do not represent any athlete. If you represent athletes in more than one sport, please provide this information for at least five clients (athletes) in each sport. Use additional sheets if necessary:

<u>Player Name</u>	<u>Team</u>	<u>Clients Phone team Representative</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List at least five (or all, if fewer than five) past clients (athletes) and their professional teams/leagues. Write "none" if you have no past clients:

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Do you earn income from work performed in some capacity other than as a Financial Advisor?  Yes  No

If yes, describe other occupation(s) or service(s) for which you are paid:

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What approximate percentage of your total work time is consumed as a Financial Advisor? \_\_\_\_\_

**VI) Previous Employment (last two positions and dates of employment)**

Firm \_\_\_\_\_ Position/Date \_\_\_\_\_

Address \_\_\_\_\_

Firm \_\_\_\_\_ Position/Date \_\_\_\_\_

Address \_\_\_\_\_

**VII) References**

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Please indicate which current Florida State University student-athlete you plan to contact on the upcoming year:

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I certify that the above information is true, correct and complete to the best of my knowledge. Further, 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 in 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 will/and/or and 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.

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Signature

Date

Please return completed form to:

Bob Minnix  
Senior Associate Athletics Director for Compliance  
Florida State University Athletics  
P.O. Box 2195  
Tallahassee, FL 32316  
(850) 644-4272  
(850) 644-7025 FAX