

# Top of the Mountain Showcase

Sponsored by the West Virginia Amateur Athletic Union (AAU)  
Recommended by the West Virginia Association of Basketball Coaches (WVABC)

## Player Profile (Please Print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Street/PO Box: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

High School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Coaches School Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Sports Participated In During High School:

Athletic Honors:

Academic Honors:

Individual Statistics From Current Season:

Career Statistics:

Current GPA: \_\_\_\_\_ Current Rank In Class: \_\_\_\_\_ Jersey Size: \_\_\_\_\_

College Scores: SAT \_\_\_\_\_ ACT \_\_\_\_\_ Shorts Size: \_\_\_\_\_

Intended College Major: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Send Player Profile form and payment for \$65 payable to WVAAU to: **Top of the Mountain Showcase, c/o WVAAU, PO Box 4505, Charleston, WV 25364-4505** by April 25, 2010. After April 25, 2010, the fee will be \$70. If payment is made by PayPal, Player Profile forms can be faxed to 304-346-4999.