



North American All-Stars Showcase Classic Coach Referral

Please send this referral to
North American All-Stars, LLC
P. O. Box 121803
Fort Worth, Texas 76121-1803

<i>REFERRING COACH INFORMATION</i>	
Full Name:	School Name:
School Address:	
City, State ZIP:	
Phone:	E-mail:
<i>FIRST PLAYER REFERRAL</i>	
Full Name:	Parent/Guardian Name:
Address:	City, State ZIP:
Phone:	E-mail:
Position:	Height: Weight:
<i>SECOND PLAYER REFERRAL</i>	
Full Name:	Parent/Guardian Name:
Address:	City, State ZIP:
Phone:	E-mail:
Position:	Height: Weight:
<i>THIRD PLAYER REFERRAL</i>	
Full Name:	Parent/Guardian Name:
Address:	City, State ZIP:
Phone:	E-mail:
Position:	Height: Weight:

***** Please use as many copies of this form as needed for referrals exceeding three players. *****

Toll Free 1.866.568.0504

football@northamericanallstars.com