

# RETIRED PLAYER PROFILE

Name: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ SSN (Optional): \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ (Home) \_\_\_\_\_ (Mobile) Date of Birth: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Retired: \_\_\_\_\_

## *Collegiate Career*

Institution: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
(Year) (Year)

Honors (Please List): \_\_\_\_\_  
\_\_\_\_\_

*Pro Career: Total Years in NFL: \_\_\_\_\_ NFL Retirement Date: \_\_\_\_\_*

Team 1: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
(Year) (Year)

Additional Teams (List Team/Years): \_\_\_\_\_  
\_\_\_\_\_

Honors and Career Highlights (For more space, use a separate page): \_\_\_\_\_  
\_\_\_\_\_

Unique History or Life Story to Publicize (For more space, use a separate page):  
\_\_\_\_\_  
\_\_\_\_\_

## *Preferred Activities*

What programs would you like to have put in place for your benefit, e.g., health, educational, wellness, career transition, etc.? (List according to preference)  
\_\_\_\_\_  
\_\_\_\_\_

Participation Interests (Mark an "X" next to all that apply; fill in Other, if applicable)

Appearances \_\_\_\_\_ Autographs/Card Signings \_\_\_\_\_ Commercials \_\_\_\_\_ Other \_\_\_\_\_

*Please send completed form to: Pro Football Retired Players Association  
1235 S. Clark St., Suite 314, Arlington, VA 22202  
RetiredPlayerProfile@pfrpa.com or fax to (703) 415-1510*