

RETIRED PLAYER PROFILE

Name: _____
(First Name) (Middle Name) (Last Name)

Street Address: _____

City: _____ State: _____ Zip Code: _____ SSN (Optional): _____

Phone Numbers: _____ Date of Birth: _____
(Home) (Mobile)

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 (Select 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*