

2006 Team Vantage squash application form

Name _____
Address _____

City _____
County / State _____
Country _____
Postcode / Zip _____
Phone _____
Email _____

Conditions of application

1. The official vantage logo will be stenciled on each racquet at all times.
2. I will help to promote Vantage products to all other potential Team Vantage members.
3. I will provide at least 1 static or action picture of myself using my Vantage products and hereby give consent for its use on the Team Vantage web page if required.

Signature _____

if under 18, please provide signature of parent or guardian

Player information

Birth date _____
Sex _____
Height _____
Left or Right handed _____
Club _____
Inspirational player _____
Coached yes / no _____
Hours played / week _____

Product information

Current racquet _____
Current number of racquets _____
Preferred Vantage code _____
Shirt Size _____
Preferred String _____
Preferred tension _____
Overgrip yes / no _____
Favorite racquet of all time _____

Notable achievements _____

Future goals _____

Please fax this completed form to (international) 0044 5600 754506
(UK) 05600 754506

or email to - team@vantagesquash.com



www.vantagesquash.com