



## Registration Form

(Incomplete forms will not be considered)

### PERSONAL INFORMATION

Last Name	First	Middle	Social Security No.
Address			
City		State	Zip Code
Home Phone #:		Cell Phone #:	
Driver License # and State of Issuance:		e-mail address:	
Do you have legal right to work in the United States? Yes _____ No _____		What languages do you speak?	

### PROFESSIONAL EXPERIENCE

Current or Previous Employer:			
Job Title:		From:	To:
Address:			
Immediate Supervisor's Name:		Phone #:	
MAY WE CONTACT YOUR PRESENT OR PREVIOUS EMPLOYER? YES _____ NO _____ Please sign here to authorize reference check of present or previous employer.			

### REFERENCES

Name	Relationship	Telephone #

### AFFILIATION

List (1) organization in which you participate or have participated in the last 3 years. Consider school, professional or comm affiliations.	
Organization	Position Held

### SIGNATURE

*All information provided in this form is true and complete. I agree that any false or misleading representation or material omission may disqualify me from consideration. In consideration for contract services with the Florida Marlins, L.P. a Nationwide Criminal Background Check and Motor Vehicle Report will be performed.*

SIGNATURE:	DATE:

Please complete form and submit via one of the following methods: 1) In-person at the Marlins Executive Office (M-F, 9-5), Marlins Sales Kiosk (Section 149, Gate H during Marlins home games), or Marlins en Miami Store (M-F, 9-5 & Sat. 10-2) 3701 SW 8<sup>th</sup> Street Coral Gables, FL 33134; 2) Mail to Florida Marlins, L.P. (Attn: MCSFP) 2267 Dan Marino Blvd. Miami, FL 33056; 3) Fax to (305) 626-7307; or 4) Email scanned copy of completed application to [MCSF@marlins.com](mailto:MCSF@marlins.com).