

**UNIVERSITY OF KENTUCKY**

**2020 – 2021 PLAYER-FINANCIAL ADVISOR REGISTRATION FORM**

Completion of this form is required for registration in the University of Kentucky Financial Advisor Program.

**NOTE:** This form must be completed in its entirety.

**I) General (please print or type)**

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Home Phone #

If affiliated with a particular firm or agency as a Financial Advisor, please indicate:

Name of Firm or Agency: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Business Phone #

E-Mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**II) Education**

High School

\_\_\_\_\_  
School Name Month/Year Graduated

College (undergraduate)

\_\_\_\_\_  
School Name Degree(s) Year Graduated

\_\_\_\_\_  
City State

Graduate/Legal/Professional

\_\_\_\_\_  
College or University Degree(s) Year Graduated

\_\_\_\_\_  
City State

**III) Experience**

Number of years' experience as a Financial Advisor: \_\_\_\_\_

Sports in which you currently represent athletes: \_\_\_\_\_



List at least five (or all, if fewer than five) past clients (athletes) and their professional teams/leagues. Write "none" if you have no past clients:

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Do you earn income from work performed in some capacity other than as a Financial Advisor?  Yes  No

If yes, describe other occupation(s) or service(s) for which you are paid:

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What approximate percentage of your total work time is consumed as a Financial Advisor? \_\_\_\_\_

**VI) Previous Employment (last two positions and dates of employment)**

Firm \_\_\_\_\_ Position/Date \_\_\_\_\_

Address \_\_\_\_\_

Firm \_\_\_\_\_ Position/Date \_\_\_\_\_

Address \_\_\_\_\_

**VII) References**

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Please indicate which current University of Kentucky student-athletes you plan to contact on the upcoming year:

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I certify that the above information is true, correct and complete to the best of my knowledge. Further, I certify that I will notify Rachel Baker before the first contact with a student-athlete who has eligibility remaining in any sport and is enrolled in the University of Kentucky or before the first contact with the student-athlete's coach. I have reviewed the NCAA rules and regulations that accompany this form will/and/or and not engaged in any activity prior to a student-athlete's agreement to be represented that would otherwise jeopardize the student-athlete's eligibility. I also understand that failure to comply with the terms of this certification and the applicable NCAA legislation may result in the initiation of legal proceedings by the University of Kentucky against me and the assessment of civil and/or criminal penalties to me.

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Signature

Date

Please return completed form to:

Rachel Baker, Executive Associate AD/Compliance  
University of Kentucky Athletics  
338 Lexington Ave.  
Lexington, KY 40506  
Phone: (859) 218-1464  
Fax: (859) 323-4999