

## 2008-09 ATHLETIC SUPPLEMENT

ΑT

## For Spring 2009, Fall 2009, or Spring 2010 Enrollment

Check specific college information in our Requirements Grid or online to ensure a member institution uses this form. TO THE APPLICANT O Female Legal name O Male Last/Family (Enter name exactly as it appears on official documents.) Middle (complete) Jr., etc. Social Security # \_ Birth date \_ mm/dd/yyyy Address Number & Street Apartment # City/Town State/Province ZIP/Postal Code E-mail address Phone ( School you now attend CEEB/ACT code **INSTRUCTIONS** If you anticipate participating in varsity athletics, please complete the grid below. List any team sports played in order of their importance to you. Check year(s) of participation; indicate letters earned and leadership positions. Include the name of your coach(es). Varsity captain? Letters earned Coach's phone 9 10 12 PG **Sport** 11 JV Varsity **Event or position** Check here Coach and e-mail Please list any times, records, awards, etc. Optional: Height \_\_\_\_\_ Weight \_\_\_\_ Signature <u></u> Date mm/dd/yyyy