

2009-10 ATHLETIC SUPPLEMENT

ΑΊ

For Spring 2010 or Fall 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/Sur (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 Letters earned captain? Coach's phone 9 10 11 12 PG **Sport** 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