PLEASE PRINT

NAME: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

CLASSIFICATION: _____ DATE OF GRADUATION: _____

MAJOR: _____ GPA: _____

ACTIVITIES/ORGANIZATION:

_____

_____

PARENT OR GUARDIAN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

ARE YOU ON OR OFF CAMPUS?

_____ ON _____ OFF

DO YOU NEED ACCOMMODATIONS FOR YOUR STAY ON CAMPUS?

_____ YES _____ NO

DATE YOU PLAN TO ARRIVE ON CAMPUS: _____

APPROXIMATE ARRIVAL TIME ON CAMPUS: _____

Please return to the following address:

Sylvia G. Kelley, Director
Cheer & Dance
Central State University
Dept. of Athletics
P.O. Box 1004
Wilberforce, OH 45384