

## Brunswick Community College Athletics P.O. Box 30 Supply, NC 28462

Name:				Graduatio	n Date:/	
First	Middle	Last	Nick Name			
Home Address:		City:		State:	Zip:	
E-Mail:		Home Phone (	)	Cell Phone (	)	
Date of Birth:/_	/					
Father's Name			Mother's Name:			
Other's Name/Relation	onship					
Occupation:		Occ	upation:			
Alma Mater:		Alma Mater:				
Living with (circle or	ne): Mother Fath	er Both Other				
Brother/Sister Name	(s):				Ages:	
ACADEMIC INFO	<u>RMATION</u>					
High School/Transfe	hool/Transfer: School Phone:					
chool Address:			City		Zip	
High School Coach:		_ Coach's Cell Phone	::( )	School Phone:	( )	
GPA: ACT	Score: 8	and/or SAT Score:	Major:	Cl	ass Rank:/	
Financial Aid Qualif	ier: Yes No H	S. College Counselor		Pho	ne	
ATHLETIC INFOR	<u>RMATION</u>					
Sport Interested in	Interested inNumber of years you have played					
Other sports		Position				
Circle one – Right-H	anded Left-Hande	d Both				
Height: V	Weight: V	Vertical Jump (inches)	Size Shoo	e Size Je	ersey:	
Summer Team:	ner Team: Position Played:			Coach:		
Coach's Cell Phone:	( )	Coa	ich's E-mail			
Awards						
Please list the top 4 s	chools you are interes	ested in attending:				
1	-	sted in attending.	3	4		
Comments:				··		
Comments.						
Print Name:						
Signature:				ī	Date:/	
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Thank you for your interest in Brunswick Community College Athletics. Please return questionnaire to BCC Athletics to the address listed above or fax to (910) 755-8549. Have a great year!