

RAINY RIVER COMMUNITY COLLEGE ATHLETICS
HOME OF THE VOYAGEURS
REPLY CARD



NAME: _____

ADDRESS: _____

(CITY) _____ (STATE / PROVINCE) _____ (ZIP / POSTAL CODE) _____

PHONE: (____) _____ CELL: (____) _____

E-MAIL: _____

DATE OF BIRTH: _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

HIGH SCHOOL: _____

HS ADDRESS: _____

(CITY) _____ (STATE / PROVINCE) _____ (ZIP / POSTAL CODE) _____

GRADUATION YEAR: _____ GPA: _____

TEST SCORES: ACT: _____ SAT: _____

ATHLETIC INFORMATION

1ST SPORT: _____

HIGH SCHOOL COACH: _____

COACH'S PHONE: _____

POSITION: _____ HEIGHT: _____

STATS: _____

TWO BEST INDIVIDUAL OPPONENTS:

1. _____ 2. _____

2ND SPORT: _____

HIGH SCHOOL COACH: _____

COACH'S PHONE: _____

POSITION: _____

STATS: _____

TWO BEST INDIVIDUAL OPPONENTS:

1. _____ 2. _____

ATHLETIC HONORS RECEIVED: _____

