_____
Organization
(Cheerleaders, Majorettes, Flags or Dancers)

PLEASE PRINT

NAME: _____

SOCIAL SECRUITY NUMBER: _____

DATE OF BIRTH: _____

CLASSIFICATION: _____ DATE OF GRADUATION_____

MAJOR: _____ GPA: _____

ACTIVITIES/ORGANIZATIONS:

_____

_____

PARENTS OR GUARDIAN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE_____

TELEPHONE NUMBER: _____CELL PHONE NUMBER: _____

EMAIL ADDRESS: _____

ARE YOU ON OR OFF CAMPUS? _____ _____
ON OFF

DO YOU NEED ACCOMDATIONS 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
CSU Auxiliary Corps
Central State University
Department of Intercollegiate Athletics
& Student Wellness
PO Box 1004
Wilberforce, OH 45384
(937) 376-6289 (office)
(937) 376-6291 (fax)
E-mail: skelley@centralstate.edu