



COMMUNITY COLLEGES OF SPOKANE
ATHLETE'S INFORMATION



Name:		Sport(s):	
Local Phone:		Cell Phone:	
Local E-mail:		Home E-mail:	
High School:		Year Graduated:	
Other Colleges Attended:		Date/Year Attended:	
Local Address:			
City:		State:	Zip:
Parent's Name:		Parent's Phone:	
Parent's Address:			
City:		State:	Zip:
Hometown Newspaper:			
Sports Editor or News Contact:			
College Major:		Educational Goal:	
Sports/Events Participated in:			
List any special awards or honors you have received athletically and/or academically:			
PLEASE ANSWER THE FOLLOWING QUESTIONS			
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you attending CCS because of the athletic program?			
<input type="checkbox"/> Yes <input type="checkbox"/> No Since your decision to attend CCS, have any of your friends or relatives also chosen to attend CCS? If yes, please list their names:			
1.		3.	
2.		4.	
Monthly Lodging Expenses: \$		Monthly Food Expenses: \$	