

GLOUCESTER COUNTY COLLEGE
ATHLETIC ELIGIBILITY INFORMATION SHEET

(Please print legibly)

Sport: _____

First Name: _____ Last Name: _____

Date of Birth: _____

Banner #: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Telephone#: _____ Cell Phone #: _____

Date of High School Graduation (month/year): _____

High School Attended/State: _____

Initial Date of Enrollment in College (month/year): _____

Initial Date of Enrollment at Gloucester County College (month/year): _____

Have you ever attended any other college? Yes No (Circle one)

If yes, what college?: _____

Full – Time Part – Time (Circle one)

Dates of attendance (month/year): _____

Number of Full – time Terms Previously Enrolled in College: _____

Number of Seasons of Participation in **This Sport** at the College Level

Including **This Season**: _____

List Any Work Experience That You Have While Not Enrolled In College:

<u>Place of Employment</u>	<u>City/State</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I do hereby certify that the above information is correct.

Signature

Date