



Return **COMPLETED** from to:
Deb Raber – Sports Info Director
MCLA Athletics
375 Church Street
North Adams, MA 01247
(F) 413.662.5079

NAME: _____ BIRTHDAY: _____

CLASS: _____ MAJOR / MINOR: _____

ACADEMIC AWARDS / HONORS: _____

COLLEGIATE ATHLETICS:

SPORT 1: _____ YEARS PLAYED AT MCLA: _____

AWARDS AND HONORS: _____

SPORT 2: _____ YEARS PLAYED AT MCLA: _____

AWARDS AND HONORS: _____

BASEBALL / SOFTBALL ONLY – BATS/THROWS: _____

HOMETOWN INFORMATION

ADDRESS: _____

CITY, STATE ZIP: _____

HIGH SCHOOL: _____ YOG: _____

CITY, STATE: _____

HIGH SCHOOL COACH(ES) *also indicate sport:*

HOMETOWN NEWSPAPER INFORMATION

PAPER 1: _____

SPORTS EDITOR: _____ FAX: _____

PAPER 2: _____

SPORTS EDITOR: _____ FAX: _____

PAPER 3: _____

SPORTS EDITOR: _____ FAX: _____

DID YOU **TRANSFER?** _____ IF SO, FROM WHERE? _____