

HOFSTRA UNIVERSITY MASCOT 2014-2015 APPLICATION

FIRST NAME: _____ LAST NAME: _____

CLASS STANDING: Fresh. Soph Junior Senior DOB: _____

700# _____ STATUS: RESIDENT or COMMUTER

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

Interested in Competing _____ Interested in Games and Events _____ Both _____

MASCOT EXPERIENCE:

MEDICAL INFORMATION: **Section must be complete in order for this application to be valid.**

Medical Insurance

Policy Number

List any prior injuries (If none, write none):

Any physical therapy required? If yes, what kind? (If none, write none):

List any medications you are currently taking. (If none, write none):

List any allergies to medications, etc. (If none, write none):

I certify that the above information is true. I understand that if this information is incorrect or incomplete I will be excluded from the tryout process.

Signature _____

Date _____

On the back of this application please write a brief summary of why you believe you would make a good student leader as a part of the Mascot team.