

Department of Athletics

MacMurray
COLLEGE

Athletic Publicity Form

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Student-Athlete Name: _____

Sport(s): _____

Cell Phone: _____ Email: _____

Birthdate: _____ Social Security Number: _____

Age: _____ Weight: _____ Height: _____ Shoe Size _____

Year in School: _____ Major: _____

Father's Name: _____ Phone: _____

Address: _____
Street City State Zip

Mother's Name: _____ Phone: _____

Address: _____
Street City State Zip

(If father's and mother's address differ, with whom do you live? _____)

Send Athletic mailings to: Mother ____ Father ____ Both ____

Hometown Newspaper: _____

High School and Address: _____

High School Coach(s): _____

Varsity Sports Lettered in (No. of years): _____

Varsity Sports Participated in High School: _____

Department of Athletics



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Other Awards Received in High School: _____

College Transferred From: _____

Awards Received in College: _____

MacMurray Campus Address: (Residence Hall, Room Number) _____

Campus Phone: _____ Campus Box Number: _____

Are you on Work/Study? _____ What Department? _____