

Athletic Alumni Information

Name: _____

LSCC Athletic Team: _____

Years at LSCC: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

Phone Number: _____ Other Phone: _____

Would you like to participate in the Alumni Game for your sport on Saturday, January 17, 2009? (yes or no) _____

What have you been doing since you left LSCC? _____

Married? _____ If yes, spouses name: _____

Children? _____ If yes, names of children: _____

Occupation: _____

Did you complete your AA degree at LSCC? _____

Did you complete your 4-year degree? _____ If so, where and what year: _____

Thank you for taking the time to complete this form. Please return in the self-addressed stamped envelope.