



MOUNT SAINT VINCENT CROSS COUNTRY INTEREST FORM:

NAME: _____ **HS GRAD YEAR:** _____

HOME ADDRESS (Include City, State, Zip): _____

PHONE NUMBER: _____ **E-MAIL:** _____

PARENTS' NAMES: _____

HIGH SCHOOL: _____ **GPA:** _____

SAT SCORE: (V) _____ (M) _____ (W) _____ (Total) _____

HS COACH/E-MAIL: _____

HEIGHT: _____

LAST SEASON'S TIMES: _____

HONORS/AWARDS: _____

OTHER SPORTS: _____

POSSIBLE COLLEGE MAJOR/CAREER INTEREST: _____

PLEASE RETURN TO:
JABARI SEKOU TOURE
COLLEGE OF MOUNT SAINT VINCENT ATHLETICS
6301 RIVERDALE AVENUE
RIVERDALE, NY 10471-1093
FAX: (718) 405-3765