

JUNGLEPLEX COLLEGE SHOWCASE REGISTRATION FORM

Please fill out information below and mail back to the JunglePlex with full payment no later
July 4, 2010
JunglePlex, 8 Natalie Way, Plymouth, MA 02360

Prospect's Name:
Male: _____ Female: _____ Morning Session: _____ Afternoon Session: _____
• High School:
• High School Coach/Coach's Phone #:
• Your Phone Number(s):
• Year of Graduation:
• Home Address:
City:
State:
Zip:
• Email:
• Parent's Names:
• PSAT Score:
• SAT Score:
• ACT Score:
• GPA/Scale:
• Class Rank:
• Projected College Major:
• Date of Birth:
• Main Position on the field:
• Secondary Position on the field:
• Club Team/Age Group:
• Other Sports you play:
• Academic Achievements:
• Athletic Achievements:
• Please list your top college choices (even if you haven't heard from them yet):