

DREAM PROGRAM ATHLETE APPLICATION

Date: _____

Name _____

Last

First

Middle Initial

Birthdate _____ Age _____

Address _____

Street

City

Zip code

CONTACT INFORMATION:

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Best time to contact: _____

Legal Guardian/Parent's names _____

Emergency Contact: _____ Phone #: _____

Type of Disability _____

Medications: _____

Please list any other information that you feel is pertinent about yourself
(applicant): _____

(You may continue on the back if necessary)

INTEREST INVENTORY:

Areas of interest (circle all that apply) Aquatics/ Crafts/Sports/ Day Trips/ Cultural Arts/
Golf/ Fitness/ Outdoor Adventure Other: _____

Have you ever played sports before? _____

What kind? _____

List your hobbies: _____

If you have any questions or concerns please contact Troy Trigg 228/327-5687

Mail to: DREAM PROGRAM P.O. Box 2040 Gautier, MS 39553