

BMCC Athletics Varsity Sports Team Questionnaire

Please select:

Men's Sports:

- Baseball
- Basketball
- Soccer
- Swimming

Women's Sports

- Basketball
- Soccer
- Swimming
- Volleyball

1st Name _____ Last Name _____

Home Phone _____ Cell Phone _____

E-Mail _____

Height _____ Weight _____ DOB _____ Position/Swim Event _____

Are you freshman or transfer student? _____

If transfer, name of college _____

Have you played for other college team(s) Yes / No Years played _____

Name of college? _____

High school _____ Graduation date _____

Location _____ GED _____

Please print and send it to

*BMCC
199 Chambers St N210
New York, NY 10007
Attn: Athletics
(212) 748-7463 fax*