



SENIOR RECOGNITION GAME STUDENT INFO SHEET

Jersey Number: _____

NAME: _____

SPORTS & YEARS PLAYED AT RM:

INTERESTS/HOBBIES:

Your Plans after RM:

Most Memorable Moment / Fondest Recollection while at RM:

ARE YOUR PARENTS GOING TO ATTEND THE SENIOR RECOGNITION GAME?

Check one: YES NO

IF YES, PLEASE INDICATE PARENTS' FIRST & LAST

NAME(S): _____

Telephone Number: _____

E-mail: _____