



# A.S.K.

**ATHLETES SEEKING KNOWLEDGE**  
**INFORMATION REQUEST FORM**

Name \_\_\_\_\_ Student \_\_\_\_\_ Volunteer \_\_\_\_\_ Donor \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Student Home Phone \_\_\_\_\_

Student Cell Phone \_\_\_\_\_

Student Email Address \_\_\_\_\_

Parent/Guardian Home Phone \_\_\_\_\_

Parent/Guardian Cell Phone \_\_\_\_\_

Parent/Guardian Email Address \_\_\_\_\_

Address \_\_\_\_\_ ZIP Code \_\_\_\_\_

Current School Name \_\_\_\_\_

Current School Name \_\_\_\_\_ School District \_\_\_\_\_

Current Grade Level \_\_\_\_\_ Graduation Year \_\_\_\_\_

I would like information on (check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> CAPHE Program                  | <input type="checkbox"/> A.S.K. ACADEMIC BOWLS  | <input type="checkbox"/> Volunteering with A.S.K. |
| <input type="checkbox"/> SAT?ACT Practice Exams         | <input type="checkbox"/> A.S.K. Special Events  | <input type="checkbox"/> A.S.K. Golf Tournament   |
| <input type="checkbox"/> A.S.K. College and Career Fair | <input type="checkbox"/> A.S.K. Golf Tournament | <input type="checkbox"/> Donating to A.S.K.       |
| <input type="checkbox"/> A.S.K. TEEN COUNCIL            | <input type="checkbox"/> Donating to A.S.K.     | <input type="checkbox"/> Volunteering with A.S.K. |

