

WHERE ARE THEY NOW?

Personal Information

Name: _____ Last Name: _____

City: _____ State: _____ Phone #: _____

Email Address: _____

Cooperstown Dreams Park Information

Team Name: _____

Week Attended: _____

Years Attended: _____

Head Coach: _____

Accomplishments/Memories

High School Information

School Name: _____

Sports: _____

Activities: _____

Awards/Scholarships: _____

Accomplishments

College Information

School Name: _____

Sports: _____

Activities: _____

Awards/Scholarships: _____

Accomplishments

Professional Information

If you have any supporting material, such as pictures, newspaper/magazine articles, etc., please submit them attached to this form.

Please Send a Copy to: Cooperstown Dreams Park, 330 South Main Street, Salisbury, NC 28144

I understand that if I submit any material or information to CDP, including pictures, newspaper articles and the like, that I waive any rights I may have in it, including any right to inspect or approve any use to which the information or material will be put.

Signature: _____