ARLINGTON AREA ALUMNAE PANHELLENIC
RECRUITMENT REGISTRATION FORM

Please register by providing the information requested below. This form may also be downloaded at www.arlington-panhellenic.org. Send to jmarathonchick@hotmail.com or mail to ***Jennifer Bowland, 2603 Smouldering Wood Dr., Arlington, TX 76016. Please register by May 1st.***

Name:_____
Last First Middle Nickname

E-mail Address:_____

Address: _____

City:_____ State: _____ Zip Code: _____

Phone:_____ Cell Phone:_____ Date of Birth:_____

Father's Name:_____

Mother's Name:_____ Maiden Name:_____

Fraternity or Sorority Affiliation(if any)_____

High School:_____GPA:_____Scale:_____

City:_____Graduation Date:_____

College will attend: _____ Classification:_____

College previously attended:_____ GPA:_____

Activities, Honors, and Interests: *(Please prioritize information, and* ***do not add additional pages****.)*

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Parent Signature_____ Date:_____