

CAC Team Member Profile Sheet

School District: _____

To be completed by each team member and returned by **March 16, 2020** to: lisa.rawls@polk-fl.net

Or:

Lisa W. Rawls
Tournament Director
611 Post Ave. SW
Winter Haven, FL 33880

Student Name _____

Pronunciation assistance please

School _____

Principal _____ Superintendent _____

School Address _____

School C/S/Zip _____

Home Address _____ Home Phone _____

Home C/S/Zip _____ E-mail _____

Gender: Male Female

Graduation Year: _____

SAT scores: V: _____ M: _____ **ACT Composite:** _____

List w/scores AP, IB or AICE courses: _____

Special awards, recognitions or scholarships:

I plan to attend: _____ College/University and have or have not been accepted.

I plan to major in: _____ to become a/an _____