

PLEASE RETURN TO SWIM/DIVE BOX BY NOV 17TH

Media Guide

Please complete the questionnaire & return to the Castle Swim Dive Box on the left wall as you enter the pool doors by Nov 17th. Your info will not be in the media guide unless completed & returned by the deadline.

NAME: _____

GRADUATION YEAR: _____

SWIMMING/DIVING (Please circle)

NUMBER OF HIGH SCHOOL YEARS IN SPORT: _____

FAVORITE STROKE/DIVE: _____

SENIORS ONLY: (This portion to be filled out by Seniors only)

FAVORITE MEMORY: _____

ADVICE FOR YOUNGER TEAMMATES: _____

COLLEGE: _____

MAJOR: _____