TRINITY UNIVERSITY
FOOTBALL VISITATION FORM

Please fill in the information below regarding your visit. Either FAX or mail this form to the Athletic Department by ***January 20th, 2009.***

☐ Yes – I am planning on attending the ***"Trinity in Focus Day":***
Saturday, January 24th 2009

☐ Yes – I am planning on attending the ***"Campus of Champions Day":***
Saturday, February 7th 2009

(Please check only one visit date)

☐ My parent(s) will be attending.

Father's name _____ Mother's name _____

☐ Others attending: _____

☐ My parent(s) will not be attending._____

☐ I would like to be hosted by a Trinity football player Saturday evening.

☐ I would not like to be hosted by a Trinity football player Saturday evening.

Name _____

Address: _____

_____
City *State* *ZIP*

High School: _____

Cell Phone: (_____)_____

Email (if any): _____

Please: FAX to 210- 999- 8292

Or Mail To: STEVE MOHR
HEAD FOOTBALL COACH
TRINITY UNIVERSITY
ONE TRINITY PLACE
SAN ANTONIO, TX. 78212-7200