

Winthrop Basketball Alumni Information

Your Full Name _____
 First **Middle** **Last**

Street Address _____

City _____ State _____ ZIP Code _____

Tel. No. _____
 Home **Work** **Cell**

Email Address _____

Current Date _____
 Day **Month** **Year**

Years Played _____

Any Comments You Would Like To Add _____

Please print this form, print or type the information and return it by mail or Fax to:

Winthrop Men's Basketball
Winthrop Coliseum
Winthrop University
Rock Hill, SC 29733

Fax: 803-323-2433

