

**LEE'S SUMMIT WEST SENIOR PARENTS NIGHT**

**DATE:** \_\_\_\_\_

ATHLETE'S and/or  
PARTICIPANT'S NAME \_\_\_\_\_

First and last names and addresses of all parents you would like to have recognized on this special night:

NAMES AND ADDRESSES

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NAMES AND ADDRESSES

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NAMES AND ADDRESSES

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# **LSW SENIOR NIGHT/MEMORY BOOK BIOGRAPHY FORM**

*Please Print Clearly or Type*

NAME: \_\_\_\_\_

Escorted by:

Parents names (include last name if different)

HIGH SCHOOL SPORTS: (include number of years of participation and whether lettered):

Sport	# of years played	# of years lettered
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ACTIVITIES: (other than sport)

AWARDS & HONORS: (sports, school, academic, clubs & other):

FAVORITE HIGH SCHOOL MEMORY:

FAVORITE "SPORTS" MOMENT:

FUTURE PLANS: (college, career, marriage, dreams, etc.):