

# LCARE SHADOWS PROGRAM

Name: \_\_\_\_\_ Sport: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Year: 1<sup>st</sup> \_\_\_ 2<sup>nd</sup> \_\_\_ 3<sup>rd</sup> \_\_\_ 4<sup>th</sup> \_\_\_ 5<sup>th</sup> \_\_\_

What are the specific areas of interest or companies you want to know more about?

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Indicate specific times that you are available:

- Monday \_\_\_\_\_
- Tuesday \_\_\_\_\_
- Wednesday \_\_\_\_\_
- Thursday \_\_\_\_\_
- Friday \_\_\_\_\_

Can you provide your own transportation? \_\_\_\_\_

***\*Please return this application to Holly Sheilley, E319 SAC.***