

**SAINT LOUIS UNIVERSITY**  
**SPORTS MARKETING ASSISTANT QUESTIONNAIRE**

Date \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle) (Nickname)

Your Home Address

\_\_\_\_\_  
(Street) (City) (State/country) (Zip)

Your Campus Address

\_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Major/Minor \_\_\_\_\_

**Please attach cover letter and resume.**

**Please return this form to:**

SLU Sports Marketing Office  
3672 West Pine Mall, St Louis, MO 63108  
Phone: (314) 977-3169  
Fax: (314)-977-3178