

Mascot Caregiver Application

Name: _____ Address: _____

Phone Number: _____ E-Mail: _____

Do you have children? YES NO

If yes, what are their ages? _____

Describe your backyard facilities where Tech XXI will live.

Is your yard fenced? YES NO

Would you be willing to allow Tech XXI to stay inside at times? YES NO

Have you ever owned a dog before? YES NO

If yes, what kind of dog and for how long?

Explain why you want to be the caregiver for Tech XXI.

List any affiliations you have with Louisiana Tech.

Please return this form to:

Student Government Association
P.O. Box 3087
Ruston, LA 71272