



Soccer Questionnaire

Prospective Student-Athlete

Last Name _____ First Name _____ Home Phone _____

Address _____ City _____ St. _____ Zip _____

Email _____

DOB/SS# _____ Ht. _____

Parent(s) Name _____ Address _____

Name _____ Address _____

Occupation Father _____ Work phone _____

Mother _____ Work phone _____

Names & Ages of brother(s) & sister(s)at home _____

High School _____ Jersey # _____ Graduation Date _____

College _____ Jersey # _____

High School or College Address _____ Phone _____

High School or College Coach _____ Phone _____

Soccer Club _____ Jersey # _____ ODP level _____

Position _____

Club Coach _____ Phone _____

Club Website _____

Statistics _____ Other Sports Played _____

GPA _____ SAT:V _____ M _____ ACT _____ Class Rank _____ Class Size _____ NCAA Clearing House Registered _____

Academic Honors _____ Major _____

Would you like to visit the campus? Yes _____ No _____ Possible Date(s) _____

Name of Any Friends or Reletives who have attended _____

Send video tape, schedules & official transcript from each school attended immediately to Soccer Office

I hereby give my consent to receive a copy of my official transcript and test scores.



Prospective Student-Athlete Signature

Date

Parent/Guardian Signature

Date

Department of Intercollegiate Athletics • Women's Soccer • One Circle

<http://www.GhetoBoyz.com>

