

ARKANSAS

BASKETBALL QUESTIONNAIRE

NAME _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CELL PHONE _____ HOME PHONE _____ EMAIL _____

PARENTAL/GUARDIAN INFORMATION

MOTHER'S FULL NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____

MOTHER'S CELL PHONE _____ MOTHER'S WORK PHONE _____

MOTHER'S EMAIL _____ MOTHER'S PROFESSION _____

FATHER'S FULL NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____

FATHER'S CELL PHONE _____ FATHER'S WORK PHONE _____

FATHER'S EMAIL _____ FATHER'S PROFESSION _____

GUARDIAN'S CELL PHONE _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____

GUARDIAN'S CELL PHONE _____ GUARDIAN'S WORK PHONE _____

GUARDIAN'S EMAIL _____ GUARDIAN'S PROFESSION _____

SIBLING'S NAME/AGE _____ MOST IMPORTANT PEOPLE IN YOUR LIFE _____

ACADEMIC INFORMATION

SCHOOL NAME _____ SCHOOL PHONE _____ SCHOOL FAX _____ COUNSELOR'S NAME _____

SCHOOL ADDRESS _____ CITY _____ STATE _____ ZIP _____ SCHOOL WEBSITE _____

GPA		ACT SCORE		DATE TAKEN (ACT)	SAT SCORE (MATH)	DATE TAKEN (SAT)	PSAT SCORE	DATE TAKEN (PSAT)

PLEASE FILL OUT ATHLETIC AND SUMMER INFORMATION ON THE FLIP SIDE OF THE QUESTIONNAIRE

PERSONAL INFORMATION

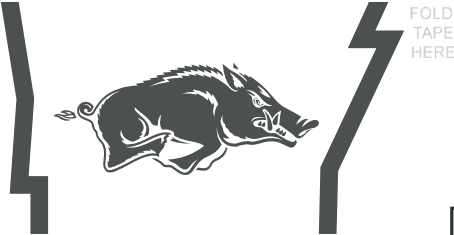
HIGH SCHOOL COACH'S NAME COACH'S CELL PHONE COACH'S WORK PHONE

JERSEY NUMBER SHOE SIZE OTHER SPORTS IN WHICH YOU PARTICIPATE

SUMMER INFORMATION

AAU TEAM NAME AAU COACH'S NAME AAU COACH'S CELL PHONE

AAU COACH'S ADDRESS CITY STATE ZIP



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 294 FAYETTEVILLE AR

POSTAGE WILL BE PAID BY ADDRESSEE

6732994 - THE UNIVERSITY OF ARKANSAS
WOMEN'S BASKETBALL OFFICE
1201 W. LEROY POND DRIVE
1 UNIVERSITY OF ARKANSAS
FAYETTEVILLE AR 72701-9980



TAPE
HERE
WHEN
CLOSED

TAPE
HERE
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