

9501 U.S. Hwy 441
Leesburg, FL 34788

LAKE-SUMTER VOLLEYBALL

Athletics: 352-323-3645
Fax: 352-323-3646

QUESTIONNAIRE

BACKGROUND INFORMATION:

Full Name: _____ Social Security #: _____

Nickname: _____ Home Ph. #: _____ Cell Ph. #: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ E-Mail: _____

Name of Parent(s)/Guardian(s): _____

ATHLETIC INFORMATION:

Height: _____ Weight: _____ Standing Reach: _____ Vertical Jump: _____

Approach Vertical: _____ Primary Position: _____ Secondary Position: _____

Years Experience: Freshman: _____ JV: _____ Varsity: _____

USAV Jr. Club Team: _____

USAV Jr. Club Team Coach: _____ Phone #: _____

Volleyball Honors: _____

ACADEMIC INFORMATION:

High School: _____ Classification: _____

Address/Zip: _____ Graduation Date: _____

Coach: _____ Phone: (W) _____ (H) _____

School Size: _____ Graduating Class Size: _____ Class Rank: _____

GPA/GPA Scale: _____ SAT Score: _____ ACT Score: _____

Junior College: _____ Classification: _____

Address/Zip: _____ Coach: _____

Phone: (W) _____ (H) _____ Intended Major: _____

What three Universities are you interested in? _____