

Paul Quinn College



ATHLETIC QUESTIONNAIRE

Name _____ AGE _____ BIRTHDAY ____ - ____ - ____

ADDRESS _____

CITY _____ ST. _____ ZIP _____

PHONE-(HOME) _____ OTHER # _____

E-mail : _____

Social Security Number# _____

PARENT/GUARDIAN _____

SCHOOL NAME _____

COACH'S NAME _____

SPORT(S) PLAYED _____

POSITION PLAYED _____ HEIGHT _____ WEIGHT _____

ACADEMIC INFORMATION

Grade Point Average _____ ACT/ SAT _____

Graduation Date _____ Planned Major _____

Transfer Students (only)

Fall Hours Taken _____ **Fall Hours Passed** _____

Spring Hours Taken _____ **Spring Hours Passed** _____

God, Family, Academics & Athletics