



QUAKERS

GUILFORD WOMEN'S LACROSSE QUESTIONNAIRE

Personal Information

Name: _____ Home Phone: (____) ____ - ____ Grad Year: _____

Address: _____ City: _____ State: ____ Zip: _____

Email: _____ Height: ____ Weight: ____ Date of Birth: _____

Father's Name/Occupation: _____ Mother's Name/Occupation: _____

Academic Information

High School: _____ GPA: ____ SATV: ____ SATM: ____ ACT: _____

Address: _____ City: _____ State: ____ Zip: _____

Academic Honors/Awards: _____ Intended College Major: _____

Other Colleges Interested in: _____

Athletic Information

HS Coach: _____ Email: _____ Phone: (____) ____ - ____

Club Coach: _____ Email: _____ Phone: (____) ____ - ____

(if applicable)

Position(s): _____ Mile Time: _____ Other Sport(s): _____

Years on Varsity: ____ Average Minutes Played per Game: _____ Last Year's Team Record: _____

Significant Statistics/Awards: _____

Camps/Tournaments Attended: _____

Video Tape Available? Yes No

(if available please send)

Will You Apply For Financial Aid? Yes No

Additional Information About Yourself: _____
