

# **Augusta State Cross Country Questionnaire**



## **PERSONAL INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

E-mail Address \_\_\_\_\_

## **ACADEMIC INFORMATION**

School \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Graduation (year) \_\_\_\_\_ Degree desired in college \_\_\_\_\_

Grade point average \_\_\_\_\_ College Board results (SAT) \_\_\_\_\_

ACT Score (if applicable) \_\_\_\_\_

Guidance Counselor \_\_\_\_\_ Office Phone \_\_\_\_\_

## **CROSS COUNTRY INFORMATION**

Height \_\_\_\_\_ Weight \_\_\_\_\_

5K Running Time: Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_

Track Time/Event: Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_

Home Coach \_\_\_\_\_

Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cross Country and School Honors/Accomplishments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Print This Form Out and Fax to Cross Country Coach Adam Ward at 706-737-1782***