

# **Augusta State Men's Basketball Questionnaire**



## **PERSONAL INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

## **ACADEMIC INFORMATION**

High School/Prep School/Junior College \_\_\_\_\_

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 \_\_\_\_\_

## **BASKETBALL INFORMATION**

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

Scoring Average: Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_

Rebounding or Assist Avg: Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_

Name of Head Coach \_\_\_\_\_

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

Does your school videotape your games? \_\_\_\_\_

If so, may we borrow your films? \_\_\_\_\_

***Print This Form Out and Fax to Men's Basketball Head Coach Dip Metress at 706-737-1782***