

# ***Augusta State Volleyball 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 \_\_\_\_\_

## **VOLLEYBALL INFORMATION**

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

Other sports you participate in \_\_\_\_\_

Athletic Honors \_\_\_\_\_

High School/Club Coach's Name \_\_\_\_\_

High School/Club Coach's Phone Number \_\_\_\_\_

***Print This Form Out and Fax to Head Volleyball Coach Sharon Bonaventure at 706-737-1782***