



WOMEN'S BASKETBALL QUESTIONNAIRE

PERSONAL INFORMATION

Last Name _____	First Name _____	M.I. _____	
Nickname _____	Social Security No. _____		
Address _____	City _____	State _____ Zip _____	
Home Phone _____	Birthdate _____		
Email _____	Cell Phone _____		
Father's Name _____	Occupation _____	Alma Mater _____	
Mother's Name _____	Occupation _____	Alma Mater _____	
Live with	Mom	Dad	Both (circle one)
Brothers/Sisters _____	Age(s) _____	Alma Mater _____	
_____	_____	Alma Mater _____	

ACADEMIC INFORMATION

High School/JC _____	Grad Yr. _____	
Address _____	City _____ State _____ Zip _____	
GPA _____	PSAT/SAT Composite Score _____	ACT Composite Score _____
Guidance Counselor _____	Phone _____	
Intended College Major _____	Career Ambition _____	

ATHLETIC INFORMATION

College Position (check all that apply) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Height _____	Weight _____		
Scoring Avg. _____	Rebounding Avg. _____	Assist Avg. _____	3pt FG% _____	FG% _____
High School Coach _____	Phone (H) _____			
High School Coach's Email _____	Summer Team(s) _____			
Coach _____	Phone (H) _____	(W) _____		
Coach's Email _____	Other Sports _____			
Describe Any Serious Injuries _____				

Return Questionnaire to: Benjamin Smith, Head Women's Basketball Coach
McCook Community College, 1205 East 3rd Street, McCook, NE 69001
Office# 308-345-8109 or e-mail smithb@mpcc.edu