



LADY KNIGHT VOLLEYBALL
601 West State Farm Road
North Platte, Nebraska 69101 308.535.3759
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Coach Sally Thalken
thalkens@mpcc.edu

LADY KNIGHT VOLLEYBALL QUESTIONNAIRE

Name: _____ S.S.#: _____

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

Home Phone: _____ Cell Phone: _____ Date of Birth: _____

E-mail address: _____ Age: _____

Height: _____ Weight: _____ Grade Point Average: _____

ACT Score: _____ or SAT Score: _____ Class Standing: _____ out of: _____

Vertical Jump (if available): Standing _____ With Approach: _____

High School Attended: _____ Year in School: _____

High School Coach: _____

Coach's Home Phone #: (_____) _____ School Phone #: (_____) _____

USA Juniors Club Experience: Team(s): _____

Club Coach: _____ Phone #: _____

Specialization area (Circle All That Apply):

Setter Outside Hitter Middle Hitter Rightside Hitter DS/Libero Primary Passer

Athletic Honors Received: _____

Academic Honors Received: _____

Major Area of Educational Interest: _____

Mother's Name: _____ Occupation: _____

Father's Name: _____ Occupation: _____

Without watching you either in person or on videotape, the awarding of an athletic scholarship is doubtful. **Please forward a playing schedule as soon as possible.** If you are not in the geographic area, I will require videotape of you performing skills or in competition.