



FIELD HOCKEY QUESTIONNAIRE

PERSONAL

Name _____ Nickname _____
 (First) (M.I.) (Last)
 Address _____
 (Street) (City) (State) (Zip)
 Telephone _____ Social Security # _____
 Date of Birth _____ Name/Ages of Siblings _____
 Father _____ Occupation _____
 Mother _____ Occupation _____
 e-mail address _____
 Hobbies or Special Interests _____
 Adelphi Alumni or Students You Know _____

ACADEMIC

High School _____ School Telephone _____
 Address _____
 (Street) (City) (State) (Zip)
 Name of Guidance Counselor _____
 SAT (V) _____ (M) _____ Date Taken _____ ACT _____ Date Taken _____
 Grade Point Average _____ Class Rank _____ out of _____
 Graduation Date _____ Intended Major _____
 Academic Honors _____
 Will you be applying for financial aid? _____
 Have you registered for the NCAA Clearinghouse? _____ Pin # _____
 What colleges will you be applying to? _____
 Why Adelphi? _____

ATHLETIC

Position(s) _____ Jersey # _____
 Height _____ Weight _____ Speed (40 yrd) _____
 Are videotapes available? _____ Serious Injuries _____
 Athletic Honors _____

Other Sports _____
 High School Head Coach's Name _____ Telephone _____
 Summer Team _____ Coach _____ Telephone _____
 Your Interest in Adelphi University: Strong _____ Average _____ Below Average _____

Best High School/Summer Ball Players in your area:

Name	Position	Grade	High School	City	State
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PLEASE ENCLOSE A SCHEDULE OF YOUR GAMES AND A SKILLS TAPE IF AVAILABLE

COMPLETE AND MAIL TO:

Adelphi University
 Field Hockey Office
 1 South Avenue
 Garden City, NY 11530