



# **WOMEN'S LACROSSE ATHLETIC QUESTIONNAIRE**

## **PERSONAL INFORMATION**

Name \_\_\_\_\_ Graduation Year \_\_\_\_\_  
(Last) (First) (M.)

Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc. Sec. # \_\_\_\_\_ IM Name \_\_\_\_\_

Parent's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Alma Mater (if applicable) \_\_\_\_\_

Parent's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Alma Mater (if applicable) \_\_\_\_\_

Brothers/Sisters (ages/college) \_\_\_\_\_

Have you ever visited Boston University? \_\_\_\_\_

Colleges you are pursuing \_\_\_\_\_

## **ATHLETIC INFORMATION**

High School \_\_\_\_\_ League/Conference \_\_\_\_\_ Website \_\_\_\_\_

Coach \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Position \_\_\_\_\_ Uniform # \_\_\_\_\_ Mile Time \_\_\_\_\_ Height \_\_\_\_\_ Hand (R/L): \_\_\_\_\_ Years of Experience \_\_\_\_\_

Club Team \_\_\_\_\_ Position \_\_\_\_\_ Uniform # \_\_\_\_\_ Website \_\_\_\_\_

Club Team Coach \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Other Sports \_\_\_\_\_

Athletic Award/Honors \_\_\_\_\_

Previous Injuries \_\_\_\_\_

Camps Attended, Dates & Camp Honors \_\_\_\_\_

***Please return to:***

Boston University Lacrosse Office  
285 Babcock Street  
Boston, MA 02215

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