

Colorado State University

SOFTBALL QUESTIONNAIRE

Grad Year: _____

Personal

Name: _____ Birthday (mm/dd/yyyy): _____
Cell Phone: _____ Home Phone: _____ E-mail: _____
Street Address: _____ City: _____ State: _____ Zip Code: _____
Parent/Guardian Name(s): _____ Cell Phone: _____

Academics

High School: _____ GPA: _____ ACT/SAT: _____ Class Rank: _____
High School Coach: _____ Phone: _____ E-mail: _____
Clearing House Registered: **Y / N**
Academic Interest: _____ Career Interest: _____

Athletic

Club/Travel Team: _____
Club/Travel Coach: _____ Phone: _____ E-mail: _____
Club Jersey Number: _____ High School Jersey Number: _____
Home-to-Home time: _____ Home-to-First time: _____ Catcher's Pop Time: _____
Primary Position: _____ Other Positions: _____
Best Athletic Quality: _____ Bat: **R / L / S** Throw: **R / L** Height: _____ Weight: _____

Recruiting

Hobbies/Interests: _____
Have you ever been to Colorado? If yes, where? _____
Do you have friends or relatives that line in the area? If yes, who? _____
What are you looking for in a collegiate softball program? _____
What do you know about CSU and Rams Softball? _____
Schools you are considering? _____
CSU is: My Top Choice In my Top-3 In my Top-5

Please return questionnaire to:
Colorado State Softball Office | 230 McGraw Athletic Center | Fort Collins, CO 80523
E-mail: ath_ramsoftball@mail.colostate.edu | Fax: 970/491-7725

Code: SBOffice



**NCAA
TOURNAMENT**

**1997
2003**

**Mountain West
Conference Champions**

**2003
2004**

All-Americans

**1997
2003
2004
2005
2006
2008**