



Colorado State University

Men's Basketball Questionnaire

Graduation Year: _____

I. Personal

Full Name: _____ Name You Go By: _____

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

Home Phone: _____ Cell Phone: _____ E-mail: _____

Birth Date: ____/____/____ Place of Birth (City, State): _____

Siblings: _____ Colleges (if any): _____

Mother's Name: _____ Mother's College: _____

Cell Phone: _____ E-mail: _____

Mother's Occupation: _____ Employer: _____ Work Phone: _____

Father's Name: _____ Father's College: _____

Cell Phone: _____ E-mail: _____

Father's Occupation: _____ Employer: _____ Work Phone: _____

II. Academic

High School: _____ School Phone: _____

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

Academic Counselor: _____ Academic Honors: _____

Academic Interests: 1) _____ 2) _____

GPA (On 4.0 scale): _____ SAT: _____ ACT: _____ Class Rank: _____ out of _____

III. Athletic

High School Coach's Name: _____ Coach's College: _____

Coach's E-mail: _____ Work Phone: _____

Coach's Home Phone: _____ Cell Phone: _____

AAU Team: _____ AAU Coach's Name: _____

AAU Coach's E-mail: _____ Work Phone: _____

AAU Coach's Home Phone: _____ Cell Phone: _____

Height: _____ Weight: _____ Position: _____ Jersey Number: _____

Scoring Average: _____ Rebounding Average: _____ Assist Average: _____

Athletic Honors: _____

IV. Miscellaneous

Colorado State people you know: _____ Relatives in Colorado: _____

Other Sports: _____

Injuries: _____