



Colorado State University

WOMEN'S GOLF QUESTIONNAIRE



PERSONAL INFORMATION

Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Clearinghouse ID#: _____ E-mail: _____

Father: _____ Occupation: _____ Phone: _____

Mother: _____ Occupation: _____ Phone: _____

ACADEMIC INFORMATION

High School: _____ HS Address: _____

Graduation Date: _____ GPA: _____ Class Rank: _____

ACT: _____ SAT: _____ Academic Interest: _____

ATHLETIC INFORMATION

Height: _____ Weight: _____ # of Years Competing: _____

Coach: _____ Phone (office): _____ (Home): _____

Golf Pro: _____ Phone: _____ E-mail: _____

Home Course: _____ Slope Rating: _____

USGA Handicap: _____

Golf Honors (*Please attach resume of past tournaments, awards, etc.*): _____

Please return to: Coach Angie Collier
200B McGraw Athletic Center
Fort Collins, CO 80523-0120

Phone: 970.491.3589
FAX: 970.491.7725
E-mail: Angie.Hopkins@ColoState.edu