



DUQUESNE UNIVERSITY DEPARTMENT OF INTERCOLLEGIATE ATHLETICS

## DUQUESNE DUKES VOLLEYBALL

Please complete the enclosed form and return it to: Duquesne University Volleyball, 600 Forbes Avenue, Pittsburgh, Pa. 15282  
If you have any questions, please contact head volleyball coach Steve Opperman at 412-396-5247 or opperman@duq.edu.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ E-Mail \_\_\_\_\_

Mother's Name and Occupation \_\_\_\_\_

Father's Name and Occupation \_\_\_\_\_

### HIGH SCHOOL

High School Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

High School Telephone \_\_\_\_\_

Guidance Counselor \_\_\_\_\_ Telephone \_\_\_\_\_

Head Volleyball Coach \_\_\_\_\_ Telephone \_\_\_\_\_

Year of Graduation \_\_\_\_\_ GPA \_\_\_\_\_ SAT/ACT \_\_\_\_\_ Intended Major \_\_\_\_\_

### ATHLETIC PROFILE

Club Name \_\_\_\_\_

Club Coach \_\_\_\_\_ Telephone \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Position \_\_\_\_\_

Left- or Right-Handed \_\_\_\_\_ Standing Reach \_\_\_\_\_ Approach Reach \_\_\_\_\_



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