



Georgetown Lacrosse

Personal

Name: _____ Prefer to be Called: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Date of Birth: _____

Cell Phone: _____ E-mail: _____

Mother's Name: _____ Occupation: _____ Phone: _____ Email: _____

Father's Name: _____ Occupation: _____ Phone: _____ Email: _____

Academic

High School/Prep School: _____ School Phone: _____

Counselor's Name: _____ Phone: _____

High School Graduation Date: _____ Class Rank: _____ Size of Class: _____ GPA: _____

PSAT: CR ___ M ___ WR ___ Date: _____ SAT I: CR ___ M ___ WR ___ Date: _____

SAT I: CR ___ M ___ WR ___ Date: _____ ACT: Composite ___ Date: _____

Area of Academic Interest: _____ Other Colleges in which you have an interest: _____

Do you know anyone who is attending or has attended Georgetown? If so, please list _____

Athletic

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

Dominant Hand: Left Right Club Team: _____

HS Coach's Name: _____ Club Coach's Name: _____

HS Coach's Phone: _____ Club Coach Phone: _____

HS Coach's Email: _____ Club Coach's Email: _____

Lacrosse Honors: _____

Other Sports and Honors: _____

Summer Camps Attended/Attending: _____

I give my consent for a copy of my academic transcript and available test scores to be released to the Georgetown Lacrosse office.

Student-Athlete Signature _____ Parent or Guardian Signature _____

Georgetown University
McDonough Gym
Men's Lacrosse Offices
Washington, D.C., 20057
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Fax: 202-687-3981