



University of Illinois Wrestling Questionnaire

Head Coach: Jim Heffernan

Associate Head Coach: Mark Perry

Assistant Coach: Jeremy Hunter

Bielfeldt Athletic Administration Building

1700 S. Fourth Street Champaign IL 61820

Phone: 217-333-5853/217-333-7972 Fax: 217-244-9758

www.fightingillini.com facebook.com/illiniwrestling

Personal Information

Full Name: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ NCAA Clearinghouse #: _____

Father's Name: _____ Occupation: _____

Father's Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____

Mother's Name: _____ Occupation: _____

Mother's Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____

Academic Information

High School: _____ City: _____ State: _____

High School Counselor: _____ School Phone: _____

College Board Exams: (ACT) _____ (SAT Verbal) _____ (SAT Math) _____

High School GPA: _____ Major/Academic Interest: _____

Class Rank: _____ Out Of: _____ Graduation Date: _____

Athletic Information

High School Coach: _____ Coach's Phone: _____

Height: _____ Weight: _____ Wrestling Weight: _____

Wrestling Record: _____ State Placing: _____

Other Information:

Comments or Questions:
