



WOLVERINE VOLLEYBALL QUESTIONNAIRE

Today's Date: ___/___/___

Graduation Year: _____

Personal Information

Name: _____ Home Phone: _____ Cell Phone: _____

SS#: _____ E-mail Address: _____ Date of Birth: _____

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

Father's Name: _____ Mother's Name: _____ other phone #: _____

Academic Information

High School: _____ GPA: _____ ACT/SAT Score: _____ If not, when? _____

H.S. Coach: _____ Phone: _____ Email _____

Academic Major: _____ Have you applied to the NCAA Clearinghouse: Yes _____ NO _____

Athletic/Club Information

Height: _____ Weight: _____ Position(s) Played: _____ Dominant Hand: L or R

Standing reach: _____ Block Jump: _____ Approach jump: _____

Club Volleyball Team: _____ Club Coach: _____ Email/Phone: _____

Video tape available? Yes _____ No _____ If yes, send as soon as possible.

To: Coach Kelsi Carlston
Utah Valley State
Women's Volleyball
800 W University Parkway
Orem, Utah 84058