



WRIGHT STATE UNIVERSITY

RAIDERS SOCCER QUESTIONNAIRE

PERSONAL:

NAME _____

Last First Name Middle Nickname

ADDRESS _____
Number and Street City State Zip Code

HOME PHONE (____) _____ CELL PHONE (____) _____ DATE OF BIRTH _____

EMAIL: _____ INSTANT MESSENGER _____

SOCIAL SECURITY NUMBER _____ HEIGHT _____

NAME OF PARENT(S) or GUARDIAN(S) _____

PARENT'S OCCUPATION: FATHER _____ PARENT'S OCCUPATION: MOTHER _____

BUSINESS PHONE: FATHER (____) _____ BUSINESS PHONE: MOTHER (____) _____

E-MAIL: FATHER _____ EMAIL MOTHER _____

INSTANT MESSENGER: FATHER _____ INSTANT MESSENGER: MOTHER _____

ALMA MATER: FATHER _____ ALMA MATER: MOTHER _____

BROTHERS or SISTERS? _____ BROTHERS or SISTERS IN COLLEGE? [] YES [] NO

IF YES, WHERE?: _____

ACADEMICS:

HIGH SCHOOL / JR. COLLEGE _____ GRADUATION _____

ADDRESS _____
Number and Street City State Zip Code

GRADE POINT AVERAGE _____ CLASS RANK _____

(Scale of: A - 4.0, B - 3.0, C - 2.0, D - 1.0)

HAVE YOU BEEN REGISTERED FOR THE NCAA CLEARINGHOUSE? [] YES [] NO

UNIVERSITY MAJOR DESIRED _____

STANDARDIZED TEST

PSAT _____ PACT _____ SAT _____ V _____ M _____ ACT _____

ATHLETICS: OLYMPIC DEVELOPMENT PROGRAM

ODP (CHECK LEVELS & ENTER YEARS ACHIEVED. EXAMPLE [/] STATE TEAM 2000, 2001)

[] STATE TEAM _____ [] REGIONAL POOL _____ [] REGIONAL TEAM _____

[] NATIONAL POOL _____ [] NATIONAL TEAM _____

PLEASE FILL OUT AND RETURN TO:
WRIGHT STATE SOCCER
PAT FERGUSON HEAD WOMEN'S SOCCER COACH
DEPARTMENT OF INTERCOLLEGIATE ATHLETICS
3640 COLONEL GLENN HWY
DAYTON, OHIO 45435 - 0001
FAX: (937) 775-2368



ATHLETICS: CLUB

CLUB TEAM _____ CLUB COACH _____

COACH'S ADDRESS _____
NUMBER AND STREET CITY STATE ZIP CODE

OFFICE PHONE (____) _____ HOME PHONE (____) _____ CELL PHONE (____) _____

PRIMARY POSITION _____ STRONGEST POSITION _____ EMAIL _____

JERSEY # _____ JERSEY COLOR(S) _____ / _____

ATHLETICS: HIGH SCHOOL

HIGH SCHOOL TEAM _____ HIGH SCHOOL COACH _____

COACH'S ADDRESS _____
NUMBER AND STREET CITY STATE ZIP CODE

OFFICE PHONE (____) _____ HOME PHONE (____) _____ EMAIL _____

JERSEY # _____ JERSEY COLOR(S) _____ / _____

ATHLETIC HONOR(S):

- _____
- _____
- _____

TOURNAMENTS: CLUB OR HIGH SCHOOL

NAME LOCATION DATE

- _____
- _____
- _____
- _____

INJURIES:

HAVE YOU SUFFERED ANY SERIOUS INJURIES OR UNDERGONE ANY SERIOUS OPERATIONS? _____

PLEASE LIST DATE AND TYPE. _____

FACTORS IN YOUR DECISION:

LIST FOUR IMPORTANT FACTORS AFFECTING YOUR COLLEGE CHOICE: (example: size: medium, school: public, location: close to home)

1. _____ 2. _____ 3. _____ 4. _____

PLEASE INDICATE THE LEVEL OF INTEREST IN WRIGHT STATE UNIVERSITY

(CHECK ONE OR MORE OF THE FOLLOWING BOXES)

- WRIGHT STATE IS MY TOP CHOICE WRIGHT STATE IS ONE OF MY TOP CHOICES INTERESTED
 INTERESTED IN AN OFFICIAL VISIT INTERESTED IN AN UNOFFICIAL VISIT REQUIRE MORE INFORMATION

LIST THREE PEOPLE IN HELPING YOU IN YOUR DECISION:

1. _____ EMAIL: _____ PHONE: (____) _____
2. _____ EMAIL: _____ PHONE: (____) _____
3. _____ EMAIL: _____ PHONE: (____) _____

INFORMATION REQUEST: PLEASE SEND ME THE FOLLOWING INFORMATION

- _____
- _____

PLEASE INDICATE YOUR TOP COLLEGE CHOICES: 1. _____ 2. _____
3. _____ 4. _____ 5. _____ 6. _____