

SACRAMENTO STATE BASKETBALL

Future Hornet Questionnaire



Player Information

Name _____ Date of Birth ____ / ____ / ____ Soc Sec# ____ - ____ - ____

Address _____
(Street/Apt.#) (City) (State) (Zip)

Phone Number _____ Cell/Pager Number _____

E-Mail _____ Game Tape Available? _____

Position _____ Height _____ Weight _____ Shoe Size _____ Jersey # _____

Season Averages: Points _____ Rebounds _____ Assists _____ 3pt FG% _____ FG% _____ FT% _____

Family Information

Mother's Name _____ Father's Name _____

Occupation _____ Occupation _____

Phone# Hm _____ Wk _____ Phone# Hm _____ Wk _____

Name of Siblings & ages _____

Current School Information

School Name _____ Phone# _____

Address _____
(Street/Apt.#) (City) (State) (Zip)

Coach's Name _____ Phone# Hm _____ Wk _____

Academic Information

Overall GPA _____ SAT (m/v) _____ ACT (sum) _____ PSAT (m/v) _____ PACT (sum) _____

Graduation class of _____ Intended College Major(s) _____

Guidance Counselor's Name _____ Phone# _____

Summer Team Information

Team Name _____

Talented Teammates _____

Coach's Name _____ Phone# Hm _____ Wk _____



PLEASE SEND QUESTIONNAIRE TO: Women's Basketball/Sacramento State Athletics/6000 J Street/Sacramento, CA 95819-6099