

Jim Hayford
Head Coach
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MEN'S BASKETBALL

ATHLETICS QUESTIONNAIRE



GENERAL INFORMATION

Name: _____
Last First Middle

Address: _____
Number & Street City State ZIP

Phone number: (_____) _____ Birthdate: _____ / _____ / _____

Athlete's e-mail address: _____

Other sports you wish to participate in at the university level: _____

ACADEMIC INFORMATION

High school: _____
Name City State ZIP

High-school graduation date: _____ / _____ SAT/ACT score: _____ High-school GPA: _____
Month Year

College/university attended: _____

College/university GPA: _____ Received A.A. degree? _____

Possible major: _____

ATHLETIC INFORMATION

H.S. coach's name: _____ H.S. coach's e-mail address: _____

Work phone: (_____) _____ Home phone: (_____) _____

Athlete's height: _____ Weight: _____

Position: _____ Years of playing basketball: Varsity _____ J.V. _____ Other _____

Point average: _____ Rebound average: _____ Assist average: _____ Are videotapes available? Yes No

Team accomplishments: _____

Individual accomplishments: _____

Serious injuries? Yes No If yes, explain: _____

Religious preferences: _____

Other schools that have contacted you: _____

Other sports participated in: _____

OTHER INFORMATION

Father's name: _____ Occupation: _____

Mother's name: _____ Occupation: _____

List any friends or family who have attended Whitworth, and your relationship to them: _____

Other information you would like us to have: _____

Interest level in Whitworth: High Medium Low

