

MORRIS COLLEGE
ATHLETIC DEPARTMENT
RECRUITMENT QUESTIONNAIRE

Name _____
Last First Middle Name Called By

Home Address: _____

Date of Birth: _____ Graduation Date: _____ Telephone: _____

Mother's Name: _____ Occupation: _____

Father's Name: _____ Occupation: _____

High School or College Currently Attending: _____

High School/College Address: _____

Coach's Name: _____ Telephone: _____

(High School Students) SAT/ACT Score: _____ GPA: _____ Class Rank: _____ out of _____ (See Counselor)

Planned College Major: _____ Hobbies: _____

Height: _____ Weight: _____ Left or Right Handed: _____

SPORT (S)

- BASEBALL BASKETBALL CROSS COUNTRY GOLF SOFTBALL
 TENNIS TRACK & FIELD VOLLEYBALL

Individual Statistics & Accomplishments

Signature: _____ Date: _____

Return to:

Morris College
Athletic Department
100 West College
Sumter, South Carolina 29150