

## Jacksonville University Sand Volleyball Questionnaire

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Email \_\_\_\_\_ SSN \_\_\_\_\_ NCAA ID # \_\_\_\_\_

Mother / Guardian's Name \_\_\_\_\_ Father / Guardian's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Other Sports \_\_\_\_\_

High School \_\_\_\_\_ City \_\_\_\_\_

Grad Date \_\_\_\_\_ GPA \_\_\_\_\_ SAT / ACT \_\_\_\_\_ Class Rank \_\_\_\_\_

HS Coach (Name/No.) \_\_\_\_\_ Position (LS/RS) \_\_\_\_\_

Academic Interest \_\_\_\_\_

Dominant Hand \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Vertical \_\_\_\_\_

High School (yrs / level played) \_\_\_\_\_

Coach \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Club Name (yrs / level played) \_\_\_\_\_

Coach \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

College (yrs / level played) \_\_\_\_\_

Coach \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Stats \_\_\_\_\_

Athletic / Academic Honors \_\_\_\_\_

Other colleges you are considering? \_\_\_\_\_

Have you visited Jacksonville University? \_\_\_\_\_ Do you have a video available? \_\_\_\_\_

### Return Information

Jacksonville University Volleyball  
2800 University Blvd. North  
Jacksonville, Florida 32211-3394  
Phone (904) 256-7546 Fax (904) 256-7566