



Lady Hurricane Basketball Questionnaire

Name: _____ **Age:** _____
(First) (Middle) (Last)

Home Address : _____
(Street) (City) (State) (Zip Code)

Home Phone : _____ **Cell Phone :** _____

Email Address : _____

Date of Birth : _____ **Social Security # :** _____

Parent's Name : _____

High School : _____

High School Address: _____
(Street) (City) (State) (Zip Code)

Coach's Name : _____ **Coach's Phone # :** _____

Guidance Counselor and Phone # : _____

College Boards (ACT or SAT) : _____ **GPA :** _____

Height : _____ **Weight :** _____ **Position :** _____

Points per Game : _____ **Rebounds per Game :** _____

Assists per Game : _____ **Steals per Game :** _____

Return to:
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919-496-7330 -- Fax