

UNIVERSITY OF CONNECTICUT

Women's Softball Questionnaire

PERSONAL INFORMATION

Name: _____ Birthdate: _____
(Last) (First) (Middle) (Month) (Day) (Year) (Age)

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Social Security #: _____

Father's Name: _____ Father's Occupation: _____

Father's Work Phone: _____ Father's Fax Number: _____

Mother's Name: _____ Mother's Occupation: _____

Mother's Work Phone: _____ Mother's Fax Number: _____

Siblings Names /Ages: _____ Nickname: _____

Extra Curricular Activities/Hobbies & Interests: _____

Do you know any UConn Alumni?: _____ Your Email Address: _____

Have you ever visited UConn?: _____ Have you registered with the NCAA Clearinghouse?: _____ Pin#: _____

ACADEMIC INFORMATION

High School: _____ Year of Graduation: _____

City: _____ State: _____ Zip: _____ Phone: _____

Core GPA: _____ SAT Score: _____ Verbal: _____ Math: _____ ACT Score: _____ Class Rank: _____

Guidance Counselor: _____ Guidance Counselor Phone: _____

Academic area you wish to pursue in college: _____

ATHLETIC INFORMATION

Primary Position: _____ Secondary Position: _____ Bat R or L: _____ Throw R or L: _____

Height: _____ Weight: _____ Other Sports Played in High School: _____

Name of High School Coach: _____ Name of Travel Ball Coach: _____

High School Coach Phone: _____ Travel Ball Coach Phone: _____

Travel Ball Team Name: _____ Have you sent us a Video?: _____

What Camps have you Attended?: _____

Other Colleges you are interested in: _____

Important Surgeries/Injuries: _____

Please return to: Karen Mullins
Women's Softball, Head Coach
2111 Hillside Road, U-3078
Storrs, CT 06269-3078
Phone: (860) 486-5020
Fax: (860) 486-0524