HANNIBAL-LAGRANGE COLLEGE
VOLLEYBALL
Potential Student/Athlete Questionnaire

Prospect Information

Name:_____**SS#:**_____
Address:_____
Street City State Zip
Phone:_____ **Cell:** _____
Email Address:_____ **IM Screen Name:**_____
Date of Birth:_____/_____/_____
Father's Name: _____ **Occupation:** _____ **Alma Mater:**_____
Mother's Name: _____ **Occupation:**_____ **Alma Mater:**_____
Brothers and Sisters with Ages:_____

Academic Information

High School/Jr. College:_____ **School Phone:**_____
School Address:_____
Grad Date:_____ **GPA:**_____ **SAT:** _____ **ACT:** _____ **PSAT:**_____
Awards/Honors:_____

Volleyball Information

Height:_____ **Weight:**_____ **Dominant Hand:**_____ **Postion/s:**_____
Standing Reach:_____ **Block Touch:**_____ **Approach Touch:**_____
H.S. Coach:_____ **Phone:**_____
Email:_____

Club Team:_____ **Website:**_____ **Jersey #** _____
Club Coach:_____ **Phone:**_____
Email:_____
Club Director:_____ **Phone:**_____
Email:_____
Clubs Website:_____
List any injuries you have had:_____
Accomplishments/Stats:_____
_____
_____
Other Sports Played:_____
Do you have any friends or relatives that have attended HLG?
_____
Intended Major:_____ **Where does HLG rank:**_____
What are your athletic goals?_____
Comments:_____
_____

Please return this form to Coach David Ganser at Hannibal-LaGrange,2800 Palmyra Road, Hannibal. Mo,63401 Email: dganser@hlg.edu Phone: (573)629-3220