

**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**