

SEATTLE PACIFIC UNIVERSITY ATHLETIC DEPARTMENT
Sports Information Questionnaire

Today's Date: _____ Sport: _____ Soc Sec # _____

last name first name middle name

permanent mailing address email address

city state zip

Campus Mailing Address: _____ Campus Phone: _____

Name you prefer we use in publicity: _____

Height: _____ Weight: _____ Birthdate: _____ Birthplace: _____

Year of Eligibility [circle one]: Freshman Sophomore Junior Senior

father's last name first name middle name

father's mailing address email address

city state zip

mother's last name first name middle name

mother's mailing address email address

city state zip

Parent's Hometown Newspapers [daily & weekly]: _____

Name of High School: _____ Location: _____

Year of Graduation: _____ H.S. GPA: _____ College Major: _____

Hobbies/Interests: _____

Civic/Student Honors: _____

Jr. College/Previous Univ. [if applicable]: _____

Location: _____ Years attended: _____

Relatives who played college or pro sports [include name, relation, sport, team, etc.]: _____

ATHLETIC RECORD

High School: _____ Team Nickname: _____

Conference/League: _____ State Classification (4A, 3A, etc.): _____

Varsity Sports Lettered In [# of years lettered]: _____

Sport VOLLEYBALL

Season [Fr, So, Jr, Sr]	Position	Starter [y/n]	Kills, Blocks, Aces, Digs, Assists per game (Also hitting percentage)

Athletic Honors [MVP, all-league, league or team's leader in kills, etc.]

Season [Fr, So, Jr, Sr]	Awards

Team Honors [Playoffs, championships, place in the league, etc.]

Season [Fr, So, Jr, Sr]	Record	Notes

Honors In Other High School Sports: _____

Club Team/Outside Competition Information:

name of team _____ location _____

of years with team _____ team honors _____

personal honors _____

Jr College/Previous 4-year School Information [if applicable]: _____

Athletic Honors [MVP, all-league, league or team's leader in kills, etc.]

Season [Fr, So, Jr, Sr]	Awards

Team Honors [Playoffs, championships, place in the league, etc.]

Season [Fr, So, Jr, Sr]	Record	Notes

When completed, please return form to:

Frank MacDonald
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