

ELON UNIVERSITY INTERCOLLEGIATE ATHLETICS QUESTIONNAIRE

PERSONAL INFORMATION

Name _____ Gender _____

Address _____

City/State/Zip _____

E-mail _____ Date of Birth _____

PARENT INFORMATION

Father's Name _____ Mother's Name _____

Father's occupation _____ Mother's occupation _____

ACADEMIC INFORMATION

High School _____ Graduation Date _____

Address _____

City/State/Zip _____ Phone _____

High School GPA _____ SAT/ACT score _____

Intended College Major _____

ATHLETIC INFORMATION

Sport _____

Position(s) _____ Height _____ Weight _____

High School Coach's Name _____ Phone _____

Club/AAU/Legion/etc. Teams _____

Athletic Honors/Awards _____

Other Comments _____

Please return completed survey to: Elon University Admissions 100 Campus Drive,
2700 Campus Box Elon, NC 27244