



Graduation Yr. _____



SOCCKER PROSPECT QUESTIONNAIRE

Preferred Position _____

Name _____
(Last) (First) (Middle)

Social Security # _____ - -

Address _____

Date of Birth _____ - -

City _____ State _____ Zip / Postal _____

Telephone # () _____

Email _____

Cell # () _____

Father's Name _____ Occupation _____

Alma Mater _____

Mother's Name _____ Occupation _____

Alma Mater _____

School _____ Address _____

Academic Interest _____ City _____ State _____ Zip / Postal _____

GPA _____ SAT Score: _____ ACT Score: _____ PSAT Score: _____

Academic Honors _____ School Phone # () _____

High School Coach _____ Telephone # () _____ HS Jersey # _____

Club Name _____ Club Age Group _____ Club Jersey # _____

Club Coach _____ Telephone # () _____ State ODP? Y / N

ODP Coach _____ Telephone # () _____ Regional ODP? Y / N

Height _____ Weight _____ 40yd Time _____ 100m Time _____ 1 Mile Time _____ Bench _____ Vertical _____

Describe your strengths as a player _____

Indicate any athletic records held or honors received _____

Video available? Y / N If so, please send. Do you have a strength-training program that you follow? Y / N

Please list any upcoming tournaments where your teams will be competing (include club, ODP etc.)

Tournament Name	Date(s)	Team	Tournament Name	Date(s)	Team
1. _____			4. _____		
2. _____			5. _____		
3. _____			6. _____		

Initial Eligibility Clearinghouse Registration # _____ Are you planning to apply to the U of Montana? Y / N

List your top four prospective universities in order of preference – Include Montana if appropriate

1. _____
2. _____
3. _____
4. _____



Return to:
 Women's Soccer Office
 The University of Montana
 Hoyt Athletic Complex
 Missoula, MT 59812
 Fax: (406) 243 - 2264