

Athletics Questionnaire

Personal Information

Name: _____ Home Phone: _____ Date: _____
Cell Phone: _____
Address: _____
(Street, City, State, Zip)
Email: _____

Family Information

Parent's name: _____ Occupation: _____
Parent's name: _____ Occupation: _____
Brother(s) name: _____
Sister(s) name: _____

Academic Background

High school: _____ Year of graduation: _____
Address: _____
(Street, City, State, Zip)
Phone number: _____
Probable area of study in college: _____
Anticipated date of enrollment: _____
What are you looking for in a college? (i.e., location, campus size, environment, and program):

Athletic Background

Age: _____ Date of birth: _____ Height: _____ Weight: _____
Sport: _____ Coach's name: _____ Phone number: _____
Sport: _____ Coach's name: _____ Phone number: _____
Hometown newspaper: _____

Please circle your NHTI athletic programs (s) of interest:

- | | | | | | | | | | |
|--------|----------|------------|---------------|------|--------|-----------------|---------|---------|------------|
| Men: | Baseball | Basketball | Cross Country | Golf | Soccer | Track and Field | Esports | Bowling | |
| Women: | Softball | Basketball | Cross Country | Golf | Soccer | Track and Field | Esports | Bowling | Volleyball |

Please return completed questionnaire to Paul Hogan, Athletic director, at phogan@ccsnh.edu.