



## Track/Cross Country Questionnaire

E-Mail \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

SS# \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Shoe Size/Brand \_\_\_\_\_ Height/Weight \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Occupation \_\_\_\_\_ No. In Family \_\_\_\_\_

Name of High School \_\_\_\_\_ GPA \_\_\_\_\_

Current Classification (circle one) JR SR Year of Graduation \_\_\_\_\_

Class Rank \_\_\_\_\_ Number in Class \_\_\_\_\_ ACT Composite \_\_\_\_\_  
SAT Composite \_\_\_\_\_

List Any Honors or Extracurricular Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Guidance Counselor \_\_\_\_\_ School Phone \_\_\_\_\_

What Do You Plan To Major In? \_\_\_\_\_

List Your Events and Best Times, Throws, or Jumps:  
\_\_\_\_\_  
\_\_\_\_\_

Coach's Name \_\_\_\_\_ Coach's Phone (Office) \_\_\_\_\_

(Home) \_\_\_\_\_

(Fax) \_\_\_\_\_

SEND TO: Track Office  
Coach Keith Dale  
Southern Arkansas University  
Box 9374  
Magnolia, Arkansas 71754

Phone: Office 870-235-4103  
Cell 501-209-1560