



Lady Mulerider Volleyball Questionnaire

Name _____ SS# _____

(Optional)

Email: _____ Home Phone # _____ Cell Phone # _____

Address _____
Street City State Zip

Parent's Name _____

High School or Jr. College _____

HS Coach's Name _____ HS Coach's Contact# _____

Club Volleyball Team: _____

Club Coach's Name: _____ Club Coach's Contact # _____

Graduation Date _____ GPA _____ ACT/SAT _____

Academic Interest _____

Height _____ Weight _____ Primary Position _____ Other Positions _____

Do you play other Sports? _____

Athletic Honors/Accomplishments _____

Academic Honors/Accomplishments _____

Do you have a video available of yourself in action? YES _____ NO _____ **If so, please send!**

Have you registered with the NCAA Initial-Eligibility Clearinghouse? YES _____ NO _____

(If no, contact your guidance counselor who can obtain materials at no cost by calling the Clearinghouse at 319-337-1492.)

Please Fill out and Return to:

Southern Arkansas University
Attn: Brooke White
SAU Box 9213
Magnolia, AR 71754