

## VOLLEYBALL

Online Player Questionnaire		Please Return To:		Susie Johnson The Pavilion	P.O. Box 413 Milwaukee, WI 53201	
Last Name	First Name		liddle Name			
Home Mailing Address (Street & .	Apartment Number)			Home City – State – Zip	Code	
(Area Code) Prospect Cell Phone	a Code) Prospect Cell Phone # E-Mail Addr			Date of Birth		
Mother's/Guardian's Name – Occ	cupation – Cell Phone :	#				
Father's/Guardian's Name – Occ	upation – Cell Phone #	ŧ				
Brothers/Sisters (Include Ages)						
		Acaden	nics			
High School Name				Guidance Counselor		
High School Street Address				High School City – State – Zip Code		
GPA Class I	SAT Score & Da	SAT Score & Date Taken		re & Date Taken		
Academic Areas of Interest				Gradua	tion Date	
		Athlet	ics			
Height Weight F	Reach Approa	nch Touch Club Te	eam Name	Positi	on	
High School Volleyball Coach	(Area Code) HS Coa	ch's Cell Phone #	HS Coach's I	E-Mail	Your HS Jersey #	
Club Volleyball Coach	(Area Code) Club Co	oach's Cell Phone #	Club Coach	s E-Mail	Your Club Jersey #	
Major Injuries (When Occured)						
Volleyball Camps Attended (Who	en Occured)					
	and any other inform		ortant. Please	as any other sports playe check the box at left if a OOL SCHEDULE		



NCAA TOURNAMENT PARTICIPANT

1998 • 1999 • 2000 • 2001 • 2002 • 2006 • 2008 • 2009 • 2011 • 2013

**LEAGUE CHAMPIONS**