Prospective Student Athlete Questionnaire

Name:_____**Sport:**_____

Home Address: _____**Coach:**_____

City: _____**Coach Phone #:**_____

State: _____**Zip Code:** _____**Coach E-mail:**_____

Phone Number:_____**E-mail:** _____

Cell Phone Number: _____**Height:**_____ **Weight:**_____

Birth Date: _____**Jersey #:**_____

Athletic Honors:_____

Parent/Guardian Names:_____

High School/Address:_____**City:**_____

State: _____**Zip Code:**_____

High School Phone #:_____

GPA: Grad. Date:_____**ACT/SAT Score:**_____

Have you applied for admission to Delta College? Yes _____ No _____

Do you have a game video or highlight video available? Yes ___ No ___

Delta College
Athletic Department
1961 Delta Road
University Center, MI 48710

Please mail questionnaire to the above address.