



# Williams Athletics Questionnaire

Date \_\_\_\_\_

Sport \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Denomination \_\_\_\_\_ Name of Church \_\_\_\_\_

High School \_\_\_\_\_ Coach \_\_\_\_\_

Class Rank \_\_\_\_\_ GPA \_\_\_\_\_ ACT/SAT \_\_\_\_\_

Possible Major \_\_\_\_\_

Other Colleges Attended and Dates \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Experience in this Sport \_\_\_\_\_

Position Played \_\_\_\_\_

Athletic Honors \_\_\_\_\_

Comments or questions \_\_\_\_\_

Please return to: Williams Baptist College  
Department of Athletics  
P.O. Box 3576  
Walnut Ridge, AR 72476