



Volleyball Questionnaire

Personal Information

Name _____
 Address _____

 City/State/Zip _____
 Birthday _____
 Social Security # _____
 Father _____
 Mother _____
 Home Phone _____
 E-mail Address _____
 Work Phone _____
 Fax _____
 Siblings _____
 Height _____ Weight _____

Academic Information

High School _____
 Address _____

 Phone _____
 Principal _____
 Coach _____
 Graduation Year _____ GPA _____
 Intended Major _____
 Test Scores/ Date
 ACT _____ / _____
 SAT M _____ / _____
 V _____ / _____

Other Information

Position _____
 Stand Reach _____
 Block Jump _____
 Approach Jump _____
 Club Team _____
 Coach _____
 Phone _____
 Years on Club _____
 Dominant Hand: R L
 Volleyball Honors _____

Other Sports You intend to Participate in
 2007: _____

If you could pick your 5 official visits today,
 where would you visit?

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

Please return to:

Steve Dallman
 Head Volleyball Coach
 UVa-Wise Athletics
 1 College Avenue
 Wise, VA 24293

Phone: (276) 376-4584
 Fax: (276) 376-1023