



DRAKE BASKETBALL QUESTIONNAIRE



PERSONAL INFORMATION

Name _____ Nickname _____
Address _____
City/State/Zip _____
Home Phone#() _____ Cell Phone#() _____
E-mail Address _____
Social Security# _____ Birth Date _____
Father's Name _____ Occupation _____
Mother's Name _____ Occupation _____
Brothers/Sisters (names/ages) _____

ACADEMIC INFORMATION

School _____ Yr. of Graduation _____
School Address _____
School City/State/Zip _____
School Phone#() _____
Academic Counselor _____
GPA _____/4.0 ACT _____ SAT _____ Class Rank _____/_____
Intended Area of Study _____
Registered with the NCAA Clearinghouse? Yes _____ NO _____
What period will you make your college decision?
Early _____ Late _____ Undecided _____

ATHLETIC INFORMATION

Height _____ Weight _____ Position _____
Athletic Honors _____
High School Coach & home phone# _____
Other Sports _____
AAU Team/Coaches Name & home phone# _____

Please return to:
Internet copy

Drake University
Men's Basketball-Knapp Center
2507 University Avenue
Des Moines, IA 50311

Phone(515)271.3894
Fax (515)271.4542