



Concordia University Men's Basketball

Prospective Student-Athlete Questionnaire

Name (First, Middle, Last): _____

Address (Street, City, State, Zip): _____

Phone Number: _____ E-Mail: _____

Date of Birth: _____

Father's Name: _____ Father's Occupation: _____

Mother's Name: _____ Mother's Occupation: _____

List any family or friends that have attended Concordia University-Ann Arbor: _____

High School/College: _____

HS/C Coach's Name: _____ HS/C Coach's Phone Number: _____

GPA: _____ Class Rank: _____ SAT/ACT Score: _____ JC Hours Completed: _____

Graduation Date: _____ Intended Area of Study: _____

ATHLETIC INFORMATION:

Height: _____ Weight: _____ Shoe Size: _____ Vertical Leap: _____ Bench Press: _____ Squat: _____

Athletic Injuries: _____

Points: _____ Rebounds: _____ Assists: _____ FG%: _____ 3PT%: _____ FT%: _____

AAU Team: _____ AAU Coach: _____ Coach's Phone: _____

Position you wish to play at Concordia: _____

Other schools you are considering: _____

RETURN FORM TO:

Concordia Men's Basketball, Head Coach Ben Limback, 4090 Geddes Road, Ann Arbor, MI 48105
Office Phone: 734-995-7436