



Volleyball Questionnaire

Personal Information

First Name: Last Name:
DOB:
Address:
City: State: Zip:
Phone Number 1: Phone Number 2:
Email 1: Email 2:
Name of Parent(s)/Guardian(s):

Volleyball Information

Height: Weight: Primary Position: Secondary Position:
Left/Right Handed: Block Touch: Approach Touch:

Playing Experience

High School: Years Experience:
HS Coach Name:
HS Coach Contact Phone:
Email:
Club Team: Club Coach:
Club Coach Contact Phone:
Email:
Other Information, Awards, etc.:

Academic Information

Intended Major/Interest:
Please list the schools or level (NCAA D1, D2, NAIA, etc.,) you are interested in after LSSC:

High School

Previous School:
GPA: SAT Score: ACT Scale: Graduation Date:
Previous College/University (if applicable):
GPA: Total Credits Earned:

To submit your questionnaire, please click the submit button at the bottom of the form and the form uses your own email client to submit the form.

Thank-you for your interest in Lake-Sumter State College Athletics.

