

# SGTC Basketball Questionnaire



South Georgia Technical College  
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Date:		
Name:		
Address:		
City:		
State:		
Zip/Postal Code:		
Mother's Name:		
Father's Name:		
Date of Birth:		
Height/Weight		
High School:		
School Address:		
High School Coach Name:		
High School Coach Phone Number:		
AAU Team:		
AAU Coach:		
AAU Coach Phone Number:		
Position:		
Points/Game:		
Rebounds/Game:		
Assits/Game:		
Steals/Game:		
Athletic Honors:		
Current GPA:		
SAT/ACT Score or scheduled date:		
College Major:		
Email Address:		
Home Phone:		
Cell phone:		
Questions:		