

SOUTHEASTERN BAPTIST COLLEGE

BASKETBALL

QUESTIONNAIRE

southeasternbaptist.edu

PERSONAL INFORMATION

NAME _____ **D.O.B.** _____ **CHURCH ATTENDING** _____

Name of High School/Private School _____ **Year Graduated** _____

Home Address _____ **Home Phone/Cell** _____

City & State _____ **Zip Code** _____

Parent's Name _____ **Email Address** _____

ACADEMIC INFORMATION

High School/Private School Address _____

Grade Point Average _____ **ACT/SAT score** _____

ATHLETIC INFORMATION

Position: PG 2G SF PF C **Height** _____ **Weight** _____

Uniform No. _____ **Scoring Average:** _____ **Rebounding Avg:** _____

FG% _____ **3-PT%** _____ **FT%** _____

Team Record: _____

Please return to: Coach Brad Phillips, Basketball Office, Southeastern Baptist College, 4229 MS-15, Laurel, Mississippi 39440.

