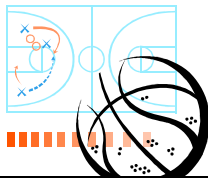


Eagles Basketball



Pensacola Christian College

Women's Basketball Questionnaire

Personal Information:

Full Name: _____

Address: _____

City, State & Zip Code: _____

E-mail _____

Phone: _____

Address: _____

Academic Information:

School Name: _____

City, State & Zip Code: _____

Address: _____

Cumulative GPA: _____

Graduation Date: _____

SAT Score: _____

ACT Score: _____

Academic _____

Class Rank: _____

Awards: _____

Basketball Information:

Height: _____

Weight: _____

Position(s) _____

Do you have a video? Yes No

Statistics:

Avg. Pts	_____
FG %	_____
3 Point %	_____
FT %	_____

Avg. Assists	_____
Avg Rebounds	_____
Avg. Turnovers	_____

Awards

& Honors: _____

Coach's Information:

Name: _____

Work Phone: _____

E-mail _____

Home Phone: _____

Address: _____

Please complete the above information and return promptly to:

**Pensacola Christian College
Coach Adrienne Wilson
250 Brent Lane
P.O. Box 18000
Pensacola, FL 32503**