



DENISON UNIVERSITY SOCCER

Personal Information

Name: _____ Home Phone: _____ E-mail: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Age: _____ Birthdate: _____ Racial/Ethnic Background (Optional): _____
 Social Security #: _____ Height: _____ Weight: _____
 Father's Name: _____ Occupation: _____ College Attended: _____
 Mother's Name: _____ Occupation: _____ College Attended: _____
 No. of children in family (including yourself): _____ Denison alumni you know: _____
 Denison students you know: _____

School Information

High School: _____ School Phone: (____) _____
 School Address: _____ City: _____ State: _____ Zip: _____
 High School Coach/Phone: _____ (____) _____
 Years Started Varsity: _____ Years Lettered: _____ Past Season's Statistics & Honors: _____

 GPA: _____ Class Rank: _____ No. in class: _____ Date of Graduation: _____
 SAT: Math _____ Critical Reading _____ Writing _____ ACT: Composite _____
 Areas of academic interest: _____ Other colleges of interest to you: _____

 Academic Honors: _____
 Athletic Honors: _____

Club Team / Olympic Development Information

Club Team(s): _____ Club Coach/Phone: _____ (____) _____
 Olympic Development Program: State Year _____ Regional Year _____
 Showcase Tournaments you plan to attend (dates & locations): _____
 _____ Most Preferred Position: _____

If you have any questions, please contact the soccer office at:
 Phone: (740) 587-5735 Fax: (740) 587-6362
 E-mail: russo@denison.edu
 Please return completed questionnaire to:
 Rob Russo, Men's Soccer Coach
 Denison University, P.O. Box M
 Granville, OH 43023
 If available, please include a game schedule for the upcoming season

For Office use only:
 Visit _____
 Application _____
 FAFSA _____
 Accepted _____
 Financial Aid _____
 Deposit _____