

# BATES SOCCER

ALUMNI GYM – 130 CENTRAL AVE. – LEWISTON, ME. 04240

George Purgavie, *Head Coach*

*Please fill out this information sheet and return it to the above address.*

## Personal Information

Date: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street & Number) (City) (State) (Zip)

Father's Name: \_\_\_\_\_ Father's Occ. \_\_\_\_\_ Financial Aid? (circle one) Yes No

Mother's Name: \_\_\_\_\_ Mother's Occ. \_\_\_\_\_ Financial Need: \_\_\_\_\_  
Low Med High

## Academic Information

High School: \_\_\_\_\_

PSAT Scores: V \_\_\_\_\_ M \_\_\_\_\_ W \_\_\_\_\_

Coaches Name: \_\_\_\_\_

JR SAT: V \_\_\_\_\_ M \_\_\_\_\_ W \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

SR SAT: V \_\_\_\_\_ M \_\_\_\_\_ W \_\_\_\_\_

Guidance Counselor's Name: \_\_\_\_\_

ACT Scores: \_\_\_\_\_

Guidance Counselor's Phone: \_\_\_\_\_

SAT II: \_\_\_\_\_

Grade Avg. \_\_\_\_\_ out of \_\_\_\_\_

Class Rank: \_\_\_\_\_ out of \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ Desired College Course of Study: \_\_\_\_\_

*Please send us the latest transcript of your high school grades and most recent test score reports.*

## Soccer Information

Your Best Position: \_\_\_\_\_ Dominant Foot: L R Other Positions: \_\_\_\_\_

### Playing Experience:

### Years Played

### Coach and Phone

Club Team: \_\_\_\_\_ Uniform # \_\_\_\_\_

ODP: State/Regional/National: \_\_\_\_\_

High School Team(s): \_\_\_\_\_ Uniform # \_\_\_\_\_

*If you have a current videotape, CD, or DVD of your play, please send it along with your completed questionnaire.*

Other Sports of Interest: \_\_\_\_\_

Other Colleges of Interest: \_\_\_\_\_