WINTHROP
Cross Country/Track

QUESTIONNAIRE

Personal Information

Full Name:_____ Social Security No._____
Address:_____
City, State, Zip: _____ Date of Birth _____
Home Phone No._____ FAX No._____
Mother's Name: _____ Business Phone (____)_____
Father's Name:_____ Business Phone (____)_____
E-Mail Address: _____
Friends/Relatives Who Are Winthrop Alumni or Students _____

Academic Information

High School _____ Phone No. (____)_____
Address _____ Guidance Counselor _____
City, State, Zip _____ GPA _____ Class Rank _____
Graduation Date _____ Best Score on SAT: M_____ V_____
ACT: _____

College(s) attended
1) _____ Dates _____ Hrs. Completed with "C" or better _____
GPA _____
2) _____ Dates _____ Hrs. Completed with "C" or better _____
GPA _____

Expected Major at Winthrop _____

Athletic Information

Height _____ Weight _____ Other Sports _____
HS Coach _____ HS Coach Address _____
HS Coach Phone: Home Phone (____)_____ Work Phone (____)_____
Club Team _____ Club Coach _____
Club Coach: Home Phone (____)_____ Work Phone (____)_____

Best Event	**Best Time/Distance**	**Date**	**Meet**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*******Please Send A Copy Of Your Transcript With This Questionnaire*******
Please return to: Ben Paxton, Track/CC Coach, Winthrop University, Rock Hill, SC 29733.
E-mail: paxtonb@winthrop.edu