



FOOTBALL QUESTIONNAIRE

NCC FOOTBALL OFFICE
516-572-7525

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-Mail Address: _____

DOB: _____ Social Security Number: _____ - _____ - _____

Father's Name: _____ Mother's Name: _____

Person/Guardian you reside with: _____

High School Graduation Year: _____ Transfer Student (Circle): YES NO

Enrollment Date (Circle): Fall Spring

ATHLETIC INFORMATION

High School: _____

Coach's Name: _____ Coach's Phone: _____

Offensive Position: _____ Defensive Position: _____

Height: _____ Feet _____ Inches Weight: _____ Lbs.

High School Jersey Number: _____ Speed in 40 yard: _____ Seconds

Athletic Honors (Please List): _____

Please Return Questionnaire To:

Nassau Community College
FOOTBALL OFFICE
1 Education Drive
Garden City, NY 11530

"PLEASE INCLUDE GAME FILM WITH THIS QUESTIONNAIRE"