



Capital University Football



Personal Information

Date: _____

Name _____ Name you prefer _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Father's Name _____ Occupation _____ College _____

Mother's Name _____ Occupation _____ College _____

Brother's / Sister's Name(s) and Ages _____

Names of Capital Alumni or Friends at Capital _____

Academic Information

Year of Graduation 20____ Name of High School _____

Name of Guidance Counselor _____ Office Phone _____

ACT Composite _____ or SAT Verbal _____ Math _____ Total _____

G.P.A. _____ Desired College Study _____ Career Goal _____

Athletic Information

Age _____ Height _____ Weight _____ 40 Yard Dash _____ Bench Press _____

Name of High School Coach _____ Office Phone _____

Positions _____ Anticipated College Position _____

Kicking Game Specialty (circle all that apply) Returner Snapper Holder Punter Kicker

Win – Loss Record Senior Year _____ Jersey # _____ Serious Injuries? _____

List Sports Other than Football in which You Participate _____

Football Honors _____