

**Clinton Junior College
Men's Basketball
Student-Athlete Interest Form**

Personal Information

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Interests/Hobbies: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Parents' Names: _____

Email address: _____

High School: _____ Address: _____

City: _____ State: _____ Zip: _____

Academic Information

Class Rank: _____ out of _____ GPA: _____ ACT/SAT score: _____

Graduation Date: _____

Other Information

Height: _____ Weight: _____

Primary Position: _____ Secondary Position: _____

PPG _____ APG _____ RPG _____ SPG _____ FT% _____ FG% _____

High School Coach's Name: _____

Coach's Cell/Home Phone Number: _____

Coach's email address: _____

Thank You for your interest in CJC Basketball