



# Toledo Rockets Recruit Information Sheet

Date \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Class \_\_\_\_\_ Position \_\_\_\_\_ State \_\_\_\_\_  
Height \_\_\_\_\_ FT \_\_\_\_\_ IN

High School \_\_\_\_\_  
High School Coach \_\_\_\_\_ HS Coach Cell \_\_\_\_\_  
HS Coach EMail \_\_\_\_\_ HS Website \_\_\_\_\_  
High School City \_\_\_\_\_ High School Zip \_\_\_\_\_  
High School Address \_\_\_\_\_

AAU Team \_\_\_\_\_ AAU Coach \_\_\_\_\_  
AAU Coach Cell \_\_\_\_\_ AAU Coach EMail \_\_\_\_\_

Player Cell \_\_\_\_\_ Player EMail \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home City \_\_\_\_\_ Home Zip \_\_\_\_\_  
Birthday \_\_\_\_\_ Preferred Jersey Number \_\_\_\_\_  
Father Name \_\_\_\_\_ Father Cell \_\_\_\_\_  
Mother Name \_\_\_\_\_ Mother Cell \_\_\_\_\_  
Favorite NBA Player \_\_\_\_\_ Favorite NBA Team \_\_\_\_\_  
GPA \_\_\_\_\_ ACT \_\_\_\_\_ SAT \_\_\_\_\_

Siblings: Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_

\* Please Fill Out Any Information Possible

\* Return by either faxing information sheet to Men's Basketball at (419) 530-4428 or mail to:

The University of Toledo  
Department of Intercollegiate Athletics  
2801 W. Bancroft St., Toledo, OH 43606-3390