



WISCONSIN MEN'S TENNIS

1440 Monroe Street | Madison, WI 53711 | UWBADGERS.COM
Phone: (608) 262-0997 | Fax: (608) 263-7849

PERSONAL

Name _____ Date _____
Home Phone () _____
Address _____ City _____ State _____ Zip _____
Age _____ Height _____ Weight _____ Date of Birth _____
R/L Handed _____ Brothers _____ Sisters _____
Email Address _____
Parents' or Guardians' Names _____
Father's Occupation _____ Mother's Occupation _____
College (if any) Parents or Guardians Attended _____

ACADEMIC

High School _____ Phone () _____
Address _____ City _____ State _____ Zip _____
Guidance Counselor _____ Date of Graduation _____
S.A.T. Scores: Verbal _____ Math _____ Date _____ A.C.T. Score: _____ Date _____
Grade Point Average _____ Class Rank _____ of _____ Intended Major _____
List other sports and extracurricular activities in which you participate:

TENNIS INFORMATION

Coach's Name _____
Home Phone () _____ Office Phone () _____

Ranking Last Year	Singles	Doubles	Age Division	Year
Sectional	_____	_____	_____	_____
National	_____	_____	_____	_____

OTHER

If you had your choice today, which 5 schools do you think you would visit? Please list in order of your preference with No. 1 being your top choice. 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

What goals do you have athletically and academically? _____

Persons you would consult with in making a decision about the college you attend _____

List your favorite hobbies 1. _____ 2. _____ 3. _____