

WISCONSIN WRESTLING

Kellner Hall · 1440 Monroe Street · Madison, WI 53711-2080 · Fax: (608) 265-6523 Barry Davis, Head Coach · (608) 262-3586 · uwbadgers.com

				DATE
PERSONAL				
Name			Home Phone (608)	
Address	City		State	Zip Code
Email address			Cell Phone ()	
Age	Height	Weight	Date of Birth	
Father's Name			Mother's Name	
Father's Work Phon	e ()		Mother's Work Phone ()
Do both parents live	e at home?	If no, with who	om do you live?	
ACADEMIC				
			Phone ()
•				StateZip
				aduation
			_	Date
				Date
_			•	gonometry
• •	•	,		,
				ign Language
, -	I with the NCAA Cleari	•		
List other sport and	extracurricular activiti	es in which you pa	rticipate:	
)			
SPORTS PLAYED				
Sport	Years Played	Position	Coach (phone)	Accomplishments
			-	
OTHER				
If you chose today,	which five schools wo	uld you visit? Pleas	e list in order of preference	with top choice as No. 1.
•		•	·	5
*		·		
What are your goals	athlotically an acadar	nically		
vviiat are your goals	attiletically all acadel	incally		
Person you would c	onsult in making a de	cision about the co	ollege you attend	
List your favorite ho	bbies. 1.	2.	3.	

WISCONSIN WRESTLING

Please use this page to provide any additional information or email a resume to Assistant Coach Kyle Ruschell kmr@athletics.wisc.edu, 608-890-1453