



Player Questionnaire



Date: _____

Name: _____

School: _____ Grade of 2008: _____

Positions

Played: _____ Point Guard _____ Off Guard _____ Forward _____ Center

What Are
Your Strengths? _____

In What Areas
Do You Want to Improve? _____

Additional Team Information (AAU, ABL, Traveling, Etc.)

Team Name(S): _____

Coach's Name(S): _____