



Last Name, First Name (Birthname)

Girl's Lacrosse 2011-2012 Candidate Questionnaire

(Please Print Legibly)

Name (preferred name): _____ Grade: _____

DOB (MM/DD/YYYY): _____ Age: _____

Student email: _____

Athlete Cell #: _____

Parent Names: _____

Parent emails: _____

Parent #s: _____

Years **completed** at CHS: (check all that apply) Class of _____

- Freshman Sophomore Junior

Lacrosse season **completed** at CHS: (check all that apply)

- Freshman Sophomore Junior

Did you participate in a 2011 Fall or Winter Sport? **YES/NO** Sport _____

Have you earned a CHS Varsity Letter? **YES/NO** Sport _____

Have you earned a CHS Lacrosse Pin? **YES/NO** Sport _____

What positions are you interested in playing? (check all that apply)

- Attack Midfield Defense Goalie

Season Goals:

Health Concerns:
