

Personal Information			
Name:		Nickname:	
Address:			
Home Phone:	Cell Pho	ne:	Graduation Year:
Birthday:B			
Mother's Name:		Occupation:	
Father's Name:		Occupation:	
Live with: Mom Da	ad Both _	Other	
Mother's College Attended: Father's College Attended:			
Friends / Family in North Caro	lina or at DUKE): 	
			nail:
Academic Interest:		Counselor:	
GPA: PSAT Score:	_ SAT Score:_	ACT Scor	e: Class Rank:
Basketball Information			
Jersey #: Height: F			
AAU Team:		AAU Coach:	
Top 3 College Choices: 1)			
Toughest Players you have play	yed against: 1)_		2)

Please Return with a Copy of your Basketball Schedule

