



COLLEGE PREP
BASEBALL ACADEMY

Program Questionnaire

Personal Information

Full Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email Address: _____

High School Name & Location: _____

High School Coach Name: _____

Graduation Year: _____

Athletic Background

Primary Position: _____

Secondary Position: _____

Batting/Throwing: _____

Height/Weight: _____

Travel Team / Club Experience: _____

Notable Skills/Strengths: _____

Academic Information

Current GPA: _____

SAT/ACT Scores (if applicable): _____

Planned Major or Areas of Interest: _____

Extracurricular Activities (sports, clubs, volunteer work): _____

Goals and Aspirations

What are your short-term goals in baseball? _____

What are your long-term aspirations regarding college and baseball? _____

Why are you interested on our academy program? _____

Additional Information

Do you have any injuries or medical conditions we should be aware of? _____

How did you hear about our academy? _____

Any additional comments or questions? _____

