

Please Return to: Men's Lacrosse Scott Barnard, Head Coach 198 College Hill Road Clinton, NY 13323 (315) 859-4531 Fax: (315) 859-4117 sbarnard@hamilton.edu

Prospect Information Form V____ T F R____

Last M.I. Preferred Name: _____City: _____State: _____Zip: _____ Home Phone #1: (____)_____Phone #2: (____)____ E-mail Address: Cell Phone #: ()

Father's Name:	Occupation:
Mother's Name:	Occupation:

ATH	L	ΕT	ICS

PERSONAL

Address:

First

Name:

Height:	Weight:	Position:	Specialty:	
Goals:	Assists:Jersey	/ Number:Jersey	/ Color:Years in Varsity:	
Special Pers	sonal Recognition, Awa	rds, All-Star Games, E	:tc.:	
Years Letter	red: Years Started:_	Camps attended or	r will be attending w/date:	
_ .				

Do you know any Hamilton students/alumns, etc.?	Other sports in high school:
Do you want to play two sports in college? \Box Yes \Box No	What sport?

If Goalie, Provide Stats: Save % _____ GAA _____ V. Games Started _____

ACADEMIC

High School:	Year of (Graduation:	
Address:	_City:		
Public or Private School:	High School Phone Number ()		
Coach's Name:	_Phone Number: H () _	W ()	
SAT Scores: V M	WR ACT Scores:		
GPA:Class Rank:/	Years of Foreign Language	e: Years of Lab Science:	
SAT II's Writing Score:Subject:	Score:Subject:	_Score:	
AP Tests: Subject: Score:	Subject:Score:	Subject:Score:	
Have you visited Hamilton?			
Need an Application? Yes No	Will you be applying for	financial aid? 🗌 Yes 🗌 No	
Academic Interest:	Other Colleges Considerir	ng:	

FOR OFFICE USE ONLY		
Origin of Form: Saw at Camp	Campus Visit 🗌	Mail Saw High School Game
Ratings: Athletic:	Academic:	Film Evaluation:
Comments:		

PH(ONE CONTACTS: —	
Date:		Comments: