



PERSONAL INFORMATION:

Name: _____ Date of Birth: _____
Address: _____ City _____ State _____ Zip _____
Phone: _____ Cell Phone: _____
E-mail Address: _____ Height: _____ Weight _____
Parent(s) Information:

Name	Occupation	Alma Mater

Friends or relatives attending/alumni of the University of Iowa: _____
Level of interest in attending the University of Iowa (check one): High Moderate Low

ACADEMIC INFORMATION:

High School: _____ Date of Graduation: _____
School Phone: _____ Guidance Counselor: _____
Test Scores: ACT _____ SAT _____ Class Rank: _____ Grade Point Average: _____
Academic Honors: _____
Desired Major: _____

ATHLETIC INFORMATION:

Club Team: _____ U- _____ Coach: _____
Uniform #: _____ Position(s): _____ Coach's Phone: _____
Individual Athletic Honors: _____
High School Coach: _____ Home Phone: _____
Upcoming Tournaments: _____

**Please attach any club or high school schedules.*

ODP INFORMATION:

Highest level of play: _____ Number of years at this level: _____
ODP Coach: _____ Coach's phone: _____

Please return this form to: **Iowa Soccer, 220 Carver Hawkeye Arena, Iowa City, IA. 52242**