



East Central Community College Warrior Basketball

Coach Robert Thompson, ext 243
601-635-2111
eccc.edu

Questionnaire

Name _____ Soc. Sec. # _____

Address _____

City _____ State _____ Zip _____ Birth Date _____

Telephone _____ Cell Phone _____

Father's Name _____ Occupation _____ Work Phone _____

Mother's Name _____ Occupation _____ Work Phone _____

High School _____ Graduation Year _____

Counselor's Name _____ Telephone _____

ACT Score _____ SAT Score _____ Class Rank _____ Approx. GPA _____

School Honors _____

Coaches Name _____ Telephone _____

Athletic Honors _____

Position Offense _____

Is film on you available? _____ Jersey # Lt _____ Dk _____

Points Per Game _____ Reb Per Game _____ Asst. _____

Other Sports Played _____ List Any Serious
Injury _____

Name the outstanding basketball players you have played against in your area or league
