

Loyola University New Orleans
Basketball Questionnaire

Name _____ Phone(h)(____) _____

Email Address _____ Phone(c)(____) _____

Address _____

City _____ State _____ Zip _____

Father _____ Occupation _____

Mother _____ Occupation _____

School _____ Phone(____) _____

Address _____

City _____ State _____ Zip _____

Coach _____ Phone(____) _____

GPA (Core Cumulative) _____ Date of Birth _____

ACT _____ SAT _____ Intended Major _____ Grad Date _____

Vertical Jump _____ Height _____ Weight _____ Position _____

PPG _____ RPG _____ APG _____ FT% _____ FG% _____ 3PT% _____

Hobbies _____

Please send completed questionnaire with a game schedule
and/or a recent highlight tape/DVD to:

Dr. Michael Giorlando, Head Coach

Loyola Wolfpack Basketball Office

6363 St. Charles Ave. – Box 53

New Orleans, LA 70118

For more information call Coach Giorlando at

(C) 504-258-6794 or (O) 504-864-7711

giorland@loyno.edu

“The Wolfpack”