



2279 Mount Vernon Road
Southington, CT 06489
www.briarwood.edu

800.952.2444
860.628.4751
F: 860.628.6444

**BRIARWOOD COLLEGE ATHLETICS
PROSPECTIVE ATHLETE QUESTIONNAIRE**

First Name: _____

Last Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

Email Address: _____

High School: _____ **Graduation Year:** _____

Gender: Male Female **Height:** _____ **Weight:** _____

Sports: Men's Basketball Women's Basketball
 Women's Soccer Men's Golf
 Cheerleading

Primary Position Played: _____ **Years on Varsity:** _____

Please list any High School or AAU Coach as a reference:

Name: _____

Phone Number: _____

Email Address: _____

Is there any other information that you think would be helpful for us to have (i.e. honors or awards received), or any comments or questions? Return completed questionnaire to:

**Stephen Viglione
Director of Athletics
860-628-4751 Ext.221
Email: vigliones@briarwood.edu**