



ILLINOIS TECH BASKETBALL

DATE _____

Name _____ Phone # _____

Cell # _____ E-Mail _____

Address _____ City _____ State _____ Zip _____

Ht _____ Wt _____

Parent's Names _____ Names & Ages of Siblings _____

Father's Occupation _____ Father's E-mail _____

Mother's Occupation _____ Mother's E-mail _____

High School _____ Yrs. Varsity _____

Address _____ City _____ State _____ Zip _____

Year Of Grad _____ Class Rank _____ Desired Field _____

GPA _____ ACT _____ SAT Score- Math _____ Reading _____ Writing _____

H.S. Coach _____ Phone # _____ E-Mail _____

Team Record _____ PPG _____ RPG _____ APG _____ SPG _____

AAU Team _____ Other Sports Played _____

Junior College _____ Yrs at JC _____

Address _____ City _____ State _____ Zip _____

Junior College Graduation Year _____ Junior College GPA _____

J.C. Coach _____ Phone # _____ E-Mail _____

Team Record _____ PPG _____ RPG _____ APG _____ SPG _____

Other Schools You Are Considering _____

Please Return to:
Basketball Office
Illinois Institute of Technology
Keating Sports Center
3040 S. Wabash
Chicago, IL 60616
312.567.7133 FAX