



Athletic Recruitment Form

Return completed form to: Mark Sisler
Alber Student Center 104C
1465 Mt Vernon Ave., Marion, OH 43302
(740) 725-6160 • e-mail: marionathletics@osu.edu

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

High School: _____

City: _____ State: _____ Zip Code: _____

High School Graduation Year: _____ Final GPA: _____ ACT: _____ SAT: _____

Sports of Interest (check all that apply)

- Basketball (M) Golf Team (M, W)
- Basketball (W) Soccer (M, W)
- Cheer Team (W) Volleyball (W)

Varsity participation in high school:

Sport: _____ Position: _____

Sport: _____ Position: _____

Sport: _____ Position: _____

High school coach : _____ Phone number: _____

Athletic Honors :

Sport: _____ Award: _____

Sport: _____ Award: _____

Sport: _____ Award: _____

Club/Summer Team : _____ Sport: _____

Club coach : _____ Phone number: _____