



# SAN FRANCISCO CITY COLLEGE

Head Coach: **Cassandra Cunningham**  
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## TENNIS QUESTIONNAIRE

Mail to: San Francisco City College  
50 Phelan Ave  
SGym, Office 112  
San Francisco, CA 94112  
Fax 415-386-2410

### General Information

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_  
Last First M.I. Area Code & Number Area Code & Number

Home Address \_\_\_\_\_  
Street & Number City State Zip Code

Date of Birth \_\_\_\_\_

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### Academic Information

High School \_\_\_\_\_ H.S. Graduation Date \_\_\_\_\_

Last Junior College or University (*Transfers Only*) \_\_\_\_\_

High School GPA \_\_\_\_\_

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### Tennis Information

High School Coach's Name \_\_\_\_\_

Coach's Phone Number \_\_\_\_\_

Singles \_\_\_\_\_ Doubles \_\_\_\_\_

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### COA Statement:

The Commission on Athletics (COA) in California, has established rules and regulations, which states, you (the prospective student athlete) must make *FIRST CONTACT* with **City College of San Francisco**, if you live outside of CCSF's recruiting area or if you are from another state.

I hereby certify that I, \_\_\_\_\_, made *FIRST CONTACT* with **City College of San Francisco** and that I am requesting information form CCSF without prior contact by any members of the staff or persons representing the school.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date