



GLENDALE COMMUNITY COLLEGE

Track & Field Questionnaire

PERSONAL INFORMATION

NAME: _____ BIRTH DATE: ____/____/____ STUDENT ID: _____

ADDRESS: _____ CITY, STATE, ZIP _____

CELL PHONE: _____ HOME PHONE: _____ EMAIL ADDRESS: _____

FAMILY INFORMATION				
FATHER		MOTHER		
NAME (LAST, FIRST)		NAME (LAST, FIRST)		
HOME PHONE	CELL PHONE	HOME PHONE	CELL PHONE	
SCHOLASTIC INFORMATION				
HIGH SCHOOL NAME	CITY	STATE	DID YOU GRADUATE?	DATE
			YES NO	
WHAT IS YOUR MAJOR ACADEMIC INTEREST?				

EVENT INFORMATION

Record your best mark in all of the events in which you have competed

100 meters _____	100 HH _____	Long Jump _____
200 meters _____	110 HH _____	Triple Jump _____
400 meters _____	400 H _____	High Jump _____
		Pole Vault _____
800 meters _____	300 LH – W _____	Discus/High School _____
1500 meters _____	300 IH – M _____	College _____
1600 meters _____	5 K Road _____	Shot Put/High School _____
3200 meters _____	8 K Road _____	College _____
The Mile _____	10 K Road _____	Javelin/High School _____
Steeplechase _____	Heptathlon _____	College _____
1000 SC _____	Decathlon/High School _____	35#-Weight/Men _____
2000 SC _____	College _____	20# Weight/Women _____
5,000 meters _____		Hammer/High School _____
10,000 meters _____		College _____
Marathon _____		

What is your TRAINING shoe size? Men's _____ Women's _____

What is your TRACK shoe size? Men's _____ Women's _____

If you HIGH JUMP, from which foot do you jump? _____

Height: _____

Weight: _____

Shirt size: _____