

# PLAYER EVALUATION FORM

In order to be considered for the Tartan Basketball Program, each player must complete and send the following form, along with a \$100 check payable to North Tartan Basketball Club and 2007-2008 high school game schedule. Once all are received, our program will begin the evaluation process. All monies will be applied to the registration fees of players accepted by the program. Those who do not meet the program's requirements will have \$50 refunded to them, with the remainder going towards evaluation expenses. If you have any questions, please contact Bill Larson at (651) 558-1127. All information must be sent to:

North Tartan Basketball Club, Inc.  
Attn: Bill Larson  
6230 - 10<sup>th</sup> Street North, Suite 310B  
Oakdale MN 55128

ATHLETE'S NAME: \_\_\_\_\_ PHONE (H): \_\_\_\_\_  
PARENTS' NAME(S): \_\_\_\_\_ PHONE (W): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE (C): \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_ POSITION: 1 2 3 4 5  
E-MAIL (Athlete): \_\_\_\_\_ E-MAIL (Parent): \_\_\_\_\_  
AGE (AS OF JANUARY 1, 2007): \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_  
CURRENT HIGH SCHOOL: \_\_\_\_\_ GRADE (2006-2007): \_\_\_\_\_  
VARSITY COACH'S NAME: \_\_\_\_\_ GRADUATION YEAR: \_\_\_\_\_  
GPA: \_\_\_\_\_ CLASS RANK: \_\_\_\_\_ ACT: \_\_\_\_\_ SAT: \_\_\_\_\_

ATHLETIC ACCOMPLISHMENTS (HS Only): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AAU EXPERIENCE (List All Clubs, Years of Service, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACADEMIC & CIVIC ACCOMPLISHMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_