



QUESTIONNAIRE

TEAM/DISTRICT & CLASS:

COACH:

COACH'S ALL-TIME RECORD (optional):

COACH'S E-MAIL ADDRESS:

2016-17 SEASON RECORD:

2016-17 DISTRICT RECORD:

Please complete and return your questionnaire any of the following several convenient ways:

Save this file and email to rv@texprepsbasketball.com

or
Fax: 972-313-0538

or Mail to:
Tex Preps Basketball
P.O. Box 166132
Irving, TX 75016

YOUR PLAYERS TO WATCH	Name	Height	Upcoming Class	Stats
1)				
2)				
3)				
4)				
5)				

YOUR **UPCOMING** TEAM OUTLOOK/NOTES

PLEASE PREDICT ALL TEAM'S ORDER OF FINISH IN YOUR DISTRICT:

	Team Name
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	



PLEASE PREDICT STATE CHAMPION IN YOUR CLASSIFICATION:

SPORTS BOOSTER CLUB CONTACT NAME/E-MAIL AT YOUR SCHOOL:

SPORTS BOOSTER CLUB PHONE NUMBER (IF KNOWN):

INTERESTING TEAM INFO, TRIVIA:

NO. OF RETURNING STARTERS/LETTERMEN: