



# QUESTIONNAIRE

TEAM/DISTRICT & CLASS:

COACH:

COACH'S ALL-TIME RECORD (optional):

COACH'S E-MAIL ADDRESS:

2009-10 SEASON RECORD:

2009-10 DISTRICT RECORD:

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

Save this file and email to [rv@texprepsbasketball.com](mailto:rv@texprepsbasketball.com)

or

Fax: 972-313-7122

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 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):

ADDITIONAL COMMENTS: