

NATIONAL CHAMPIONS 1994 & 1997

TRINITY VALLEY FOOTBALL



Name _____

DOB _____ SS: _____

Address _____

City, State, Zip _____

Phone Number(s) H _____ C _____

Parents or Guardian's Name _____

Address _____

City, State, Zip _____

Phone Number(s) H _____ C _____

High School _____

Graduation Date: _____

Have you graduated from HS: Yes or No

Position(s) 1. _____ 2. _____ 3. _____

Jersey Number _____ Jersey Colors _____ / _____

Head Coach _____

Phone Number _____

Did ever attend another college? Yes or No (If yes fill out the next section)

College _____

Position(s) 1. _____ 2. _____ 3. _____

Jersey Number _____ Jersey Colors _____ / _____

Head Coach _____

Phone Number _____

FOR COACHES USE ONLY

Ht _____ Wt _____

Bench Reps _____ Wt _____

Vertical _____ Broad Jump _____

40: 1. _____ 2. _____ 3. _____

Shuttle: 1. _____ 2. _____