

XAVIER UNIVERSITY

CLUB FOOTBALL

2007

MIDWESTERN CLUB FOOTBALL CONFERENCE CHAMPIONS

NAME: _____ CLASS: FR So JR SR GR

HOME ADDRESS: _____

PHONE NUMBER: _____

CAMPUS E-MAIL ADDRESS: _____

HEIGHT: _____ WEIGHT: _____

40-YARD DASH TIME: _____

BEST OFFENSIVE POSITION (IF ANY): _____

BEST DEFENSIVE POSITION (IF ANY): _____

NAME OF HIGH SCHOOL: _____

PLAYING EXPERIENCE: _____
(SPECIAL AWARDS)

SPECIAL TEAMS SKILLS: _____
(PUNT, KICK, HOLD, LONG SNAP, PUNT OR KICK RETURN)

PLEASE SEND TO: COACH TOM POWERS, JR.
XAVIER UNIVERSITY CLUB FOOTBALL
C/O RECREATIONAL SPORTS
O'CONNOR SPORTS CENTER, ML 6116
3800 VICTORY PARKWAY
CINCINNATI, OHIO 45207-6116