



Rising Stars Blasters

U16 & U17 Girls Profile

www.risingstarsblasters.com

email: blasterssoccer@gmail.com



PERSONAL INFORMATION

FULL NAME Paige Sullivan Date of Birth (month/day/year) 09/11/1996 Ht/Wt _____
Address _____ City Poland State NY Zip 13431
Home Phone _____ Cell Phone (315)794-1964 Email Pen8766@aol.com
Father's Name Jim Sullivan Cell Phone (315)7944564 Email _____
Mother's Name Penny Sullivan Cell Phone (315)7941964 Email Pen8766@aol.com

ACADEMIC INFORMATION

School Name Poland Central School Grade 10 Graduation Year 2014
Grade Point Average 3.9 SAT Test Score _____ ACT Test Score _____
College Academic Interests Pre-Med Clearing House Registration # _____

SOCCER BACKGROUND

CLUB Rising Stars Soccer Club TEAM NAME Blasters
Years with Club 1 year Club Coach Name and Phone Num. Wayne Williams 315-525-5771
Primary Field Position Mid field Shooting L/R/Both both

US YOUTH SOCCER ODP INVOLVEMENT

District _____ State _____ Regional _____ Other _____

SOCCER HONORS & AWARDS

Club _____
High School CSC All Star Team for the past 3 years
Other _____

ACADEMIC HONORS & AWARDS

High School Honor Society
Other _____

HOBBIES & INTERESTS

Please List Soccer, basketball and softball