

49th Annual Top O' Texas Football Magazine
2017 Questionnaire

School: _____

Mascot: _____

Colors: _____

District: _____

High School Phone: _____

High School Fax: _____

High School E-mail: _____

Head Coach: _____

Offensive Coordinator: _____

Defensive Coordinator: _____

Assistant Coaches: _____

Last Season's Overall Record (including playoff record): _____

Last Season's District Record: _____

Last Season's Playoff Record: _____

What Round of the Playoffs was Your Team Eliminated: _____

What Team Eliminated Your Team: _____

Number of Lettermen Lost: _____

Number of Lettermen Returning: _____

Number of Offensive Starters Returning: _____

Number of Defensive Starters Returning: _____

Basic Offense: _____

Basic Defense: _____

Last Season's Team Rushing Yards: _____

Last Season's Team Passing Yards: _____

Last Season's Team Rushing Yards Allowed: _____

Last Season's Team Passing Yards Allowed: _____

Major Team Strength: _____

Major Team Weakness: _____

All State Potentials: _____

Players to Watch: _____

Promising Newcomers: _____

Athletic Director: _____

A. D. Phone Number: _____

A. D. Email: _____

Field house Phone: _____

Superintendent: _____

Principal: _____

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2017 Head Coach Information

Name: _____

College attended: _____

Years as the head coach at this school: _____ Record at this school: _____

Years as a head coach: _____ Overall record as a head coach: _____

Previous schools as a head coach: _____

Your Comments on Last Season's Team: _____

Your Comments on Upcoming Season: _____

Returning Starters and Statistical Leaders for 2014 Season

Top Rusher Returning: _____

Rushing Yards: _____ Attempts: _____ TDs: _____

Top Passer Returning: _____

Passing Yards: _____ Attempts: _____ Completions: _____

Interceptions: _____ TDs: _____

Top Receiver Returning: _____

Receptions: _____ Yards: _____ TDs: _____

2nd Receiver Returning: _____

Receptions: _____ Yards: _____ TDs: _____

Top 2 Off. Line. Returning and Comments: _____

Top Def. Lineman Ret: _____ Solo Tackles: ____ Assists: ____ Total: _____

Sacks: ____ Hurries: ____ Fum Rec: ____ Ints: ____ Def TDs: _____

2nd Def. Lineman Ret: _____ Solo Tackles: ____ Assists: ____ Total: _____

Sacks: ____ Hurries: ____ Fum Rec: ____ Ints: ____ Def TDs: _____

Top Linebacker Ret: _____ Solo Tackles: ____ Assists: ____ Total: _____

Sacks: ____ Hurries: ____ Fum Rec: ____ Ints: ____ Def TDs: _____

2nd Linebacker Ret: _____ Solo Tackles: ____ Assists: ____ Total: _____

Sacks: ____ Hurries: ____ Fum Rec: ____ Ints: ____ Def TDs: _____

Top Def. Back Ret: _____ Solo Tackles: ____ Assists: ____ Total: _____

Sacks: ____ Hurries: ____ Fum Rec: ____ Ints: ____ Def TDs: _____

Punter: _____ Punts: _____ Yards: _____ Avg: _____

Kicker: _____ Pats. Attp: _____ Made: _____

FGs Attp: _____ Made: _____ Longest FG Made: _____

School: _____

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2017 All-State or Recruiting Potentials

PLAYER	POS.	HT.	WT.	CLASS	40 TIME	2014 STATS.
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COMMENTS:

PLAYER	POS.	HT.	WT.	CLASS	40 TIME	2014 STATS.
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COMMENTS:

PLAYER	POS.	HT.	WT.	CLASS	40 TIME	2014 STATS.
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COMMENTS:

PLAYER	POS.	HT.	WT.	CLASS	40 TIME	2014 STATS.
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COMMENTS:

PLAYER	POS.	HT.	WT.	CLASS	40 TIME	2014 STATS.
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COMMENTS:

PLAYER	POS.	HT.	WT.	CLASS	40 TIME	2014 STATS.
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COMMENTS:

Top Underclassmen (Juniors, Sophomores, Freshmen)

PLAYER	POS.	HT.	WT.	CLASS	40 TIME	2014 STATS.
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COMMENTS:

PLAYER	POS.	HT.	WT.	CLASS	40 TIME	2014 STATS.
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COMMENTS:

PLAYER	POS.	HT.	WT.	CLASS	40 TIME	2014 STATS.
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COMMENTS:

Please list any returning players that were selected to a post season team (All-Dist., All-State, etc., for 2013 and at what position.)

1. _____ 6. _____

2. _____ 7. _____

3. _____ 8. _____

4. _____ 9. _____

5. _____ 10. _____

2016 Results & Scores

		Opponent – Score	Home/Away
Game 1	Your Team Score _____	_____ - _____	_____
Game 2	Your Team Score _____	_____ - _____	_____
Game 3	Your Team Score _____	_____ - _____	_____
Game 4	Your Team Score _____	_____ - _____	_____
Game 5	Your Team Score _____	_____ - _____	_____
Game 6	Your Team Score _____	_____ - _____	_____
Game 7	Your Team Score _____	_____ - _____	_____
Game 8	Your Team Score _____	_____ - _____	_____
Game 9	Your Team Score _____	_____ - _____	_____
Game 10	Your Team Score _____	_____ - _____	_____

Playoffs

Round	Home Team - Score	Opponent –	Score	Location
_____	Your Team Score _____	_____	- _____	- _____
_____	Your Team Score _____	_____	- _____	- _____
_____	Your Team Score _____	_____	- _____	- _____
_____	Your Team Score _____	_____	- _____	- _____

Comments or notes of interest about last season's results. (Injuries, road trips or key stats that affected last year's season):

Probable District Finish (without your team)

- | | | |
|----------|----------|-----------|
| 1. _____ | 5. _____ | 9. _____ |
| 2. _____ | 6. _____ | 10. _____ |
| 3. _____ | 7. _____ | |
| 4. _____ | 8. _____ | |

Name of person who reports stats: _____

Phone: _____

School: _____

Please Return To:

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VARSITY SCHEDULE

DATE	OPPONENT	PLACE	TIME

NOTE: If you have copies of your schedules (Varsity, JV, Fresh., Jr. High) - please send to us.