



# Year \_\_\_\_\_ Player Evaluation Form

Player Name: \_\_\_\_\_

Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_

### Contact Information

Parent/Guardian Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

New Mel Ott Player?                    Y        /        N

Registered Division: \_\_\_\_\_

Requested Division: \_\_\_\_\_

Parent / Guardian Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Evaluation Notes:

Fielding:            1            2            3            4            5            6            7            8            9            10

Comments:

Throwing:            1            2            3            4            5            6            7            8            9            10

Comments:

Hitting:            1            2            3            4            5            6            7            8            9            10

Comments: