



Name: _____ Address: _____ City: _____ ZIP _____ Phone _____ School _____ Grade _____ Hit: Right Left Both Throw: Right Left Primary Softball Position _____	Date of Birth: _____ Parents: _____ Email: _____ <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> List any previous Travel or High School Softball Team _____ _____ </div> <div style="border: 1px solid black; padding: 5px;"> List all previous Travel or High School head coaches: _____ _____ </div>
Secondary Position _____ Other _____	

Evaluation Scores: 5 = Excellent 4 = Above Average 3 = Average 2 = Below Average 1 = Poor

BATTING Hitting Right Right/Left/Both Overall Technique _____ Bunting _____ Power: _____ Overall: _____ Contact: _____ Slap: ?? _____	Comments:
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INFIELD Overall Technique _____ Arm Strength _____ Agility/Quickness _____	Comments:
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OUTFIELD Overall Technique _____ Arm Strength _____ Agility/Quickness _____ Tracking _____	Comments:
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Speed Time: Home to 1 st _____	Home to Home _____
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