



## General Information

<b>Form Completed By:</b> Father    Mother    Player	
<b>Player's First Name:</b>	<b>Player's Last Name:</b>
<b>Date of Birth:</b>	<b>Home Telephone:</b>
<b>Street:</b>	<b>City:</b>
<b>State:</b>	<b>Zip Code:</b>
<b>Father's Full Name:</b>	<b>Mother's Full Name:</b>
<b>Father's Work Phone:</b>	<b>Mother's Work Phone:</b>
<b>Father's Mobile Phone:</b>	<b>Mother's Mobile Phone:</b>
<b>Home E-Mail Address:</b>	<b>Best Day to Contact:</b>

## Academic Information

<b>School Name:</b>	<b>Grade in School:</b>
<b>Year of HS Graduation:</b>	<b>Class Rank (Optional):</b>
<b>GPA (Cumulative):</b>	<b>GPA (Core):</b>
<b>SAT Score:</b>	<b>ACT Score:</b>
<b>NCAA Clearinghouse:</b> Yes    No	<b>If Yes, Date Registered:</b>

## Baseball Information

<b>Primary Position:</b>	<b>Secondary Position:</b>
<b>Height:</b>	<b>Weight:</b>
<b>Bats:</b>	<b>Throws:</b>
<b>Glasses or Contacts:</b> Yes    No	<b>Colleges interested in:</b>