

SYNERGY

CASTRO VALLEY

Girls Fastpitch Softball Team

10U 12U 14U 16U 18U
TRYOUT QUESTIONNAIRE

PLAYER NAME: _____

HOME ADDRESS: _____

DATE OF BIRTH: _____

SCHOOL: _____

PARENT NAMES: _____

PARENT EMAIL: _____

PARENT CELL NUMBER(S): _____

PREVIOUS TRAVEL BALL EXPERIENCE: _____

(Year, Team & Age Group)

POSITIONS PLAYED: _____

BATS RIGHT, LEFT OR BOTH: _____

HITTING INSTRUCTOR NAME: _____

PITCHERS - LIST PITCHES: _____

PITCHING INSTRUCTOR NAME: _____