LURLEEN B. WALLACE COMMUNITY COLLEGE
SAINTS BASEBALL QUESTIONNAIRE

PLAYER INFORMATION

Full Name (first, middle, last) _______________________________________________________

Age _______ Date of Birth __________ Graduation Year ________

Cell Phone (_____) __________________________ Email: ________________________________

Home Address _________________________________________________________________
City __________________________ State __________________________ Zip Code ____________

Father’s Name __________________________ Phone (_____) __________________________
Mother’s Name __________________________ Phone (_____) __________________________

ACADEMIC INFORMATION

High School ____________________________________________________________________
City __________________________________ State __________________________________________

HS GPA ______ Composite ACT/SAT Score ______ Math: _____ English: _____ Reading: ______

ATHLETIC INFORMATION

Best Position __________________________ Other Positions __________________________

Height _______ Weight _______ Bat: R / L Throw: R / L 60 yd time __________

Coach’s Name __________________________ Coach’s Phone Number (____) ____________

Give this form to your present baseball coach. Ask him to complete the remainder and mail to us at PO Box 1418, Andalusia, AL 36420 (Attn. Baseball Office) or email to bware@lbwcc.edu. COACH PLEASE NOTE: This evaluation is confidential and will not be discussed with your player. Please share extra comments on the back of this page.

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<th>MPH</th>
<th>Outstanding</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
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Coach’s Signature __________________________________ Date ______________________