

**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](mailto: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.

Pitcher	MPH	Outstanding	Good	Fair	Poor	Position	Outstanding	Good	Fair	Poor
Fastball						Hitting				
Breaking Ball						Power				
Change-Up						Bat Control				
Control						Fielding				
Competitiveness						Competitiveness				
Coachability						Coachability				

Coach's Signature \_\_\_\_\_ Date \_\_\_\_\_