

**SOUTHERN UNION STATE COMMUNITY COLLEGE
SOFTBALL QUESTIONNAIRE**

Personal Information

Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Cell Phone Number: _____

Academic Information

Graduation Year: _____

High School: _____

High School Phone Number: _____ GPA: _____

Intended Major: _____

ACT/SAT Score: _____

Travel Softball Information

Travel Ball Team Name: _____

Travel Ball Coach: _____ Phone Number: _____

E-Mail: _____

High School Softball Information

High School Coach: _____ Phone Number: _____

E-Mail: _____

Position(s) Played: _____ Overall Years Played: _____

Previous Year Stats: _____ Throw: R/L Hit: R/L Batting Avg. _____

Home Runs: _____ Triples: _____ Doubles: _____ Stolen Bases: _____

Fielding % _____

Pitcher Stats

ERA: _____ K's: _____ BB: _____ W/L Record: _____

Pitching Coach: _____ Phone Number: _____

Please print and return form to:
Ally Silva, Head Softball Coach
P.O. Box 1000
Wadley, AL 36276
asilva@suscc.edu
256-395-2211 ext. 5813