

417 Baseball Player Information Form

Sport: Baseball

Player Information

First Name _____ Height _____
Last Name _____ Weight _____
Date of Birth _____ / _____ / _____ Grade In School 2017-18
Frosh/Soph/Jr/Senior) _____

Contact Information

Address _____ Player Cell _____
City _____ Player Email _____
State _____ Parent(s) Names _____
Zip _____ Parent(s) Cell _____
Home Phone _____ Parent(s) Email _____

School Information (High School Only)

HS Name _____
Graduation Year _____
HS Coach _____

Field Information

Best Position (Circle one) P C INF OF
2nd Position (Circle one) P C INF OF
Bats (Circle one) RH LH Both
Throws (Circle one) RH LH

2017 Summer Team: ___

417 Baseball Contact Information:

Return the completed Player information Form to:

417 Youth Sports
711 Colby St.
Willard Mo. 65781

Or Scan and Email to: hartball1224@hotmail.com / Attn: John Hartley