

**MICHIGAN HIGH SCHOOL SOFTBALL COACHES**

**Position**

**Catcher**

**ASSOCIATION**

**2017 Nomination Form**

Region# \_\_\_\_\_

Selection Order \_\_\_\_\_

**Division** \_\_\_\_\_

Phone numbers will only be used to contact players for awards and All Star Games

Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Favorite Number: \_\_\_\_\_

Shirt size: (Mens Size) \_\_\_\_\_ Short Size \_\_\_\_\_  
S M L XL XXL

Parents: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Players E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Players Cell Phone: \_\_\_\_\_

Coaches Name: \_\_\_\_\_

High School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Coaches E-mail: \_\_\_\_\_

**STATISTICS FOR THE 2017 SEASON ONLY**

The majority of the innings played for the season must be at the position nominated for

At Bat \_\_\_\_\_ Hits \_\_\_\_\_ RBI \_\_\_\_\_ Sac \_\_\_\_\_

Runs \_\_\_\_\_ 1B \_\_\_\_\_ 2B \_\_\_\_\_ 3B \_\_\_\_\_

HR \_\_\_\_\_ SB \_\_\_\_\_ SO \_\_\_\_\_ OBA \_\_\_\_\_

Walks \_\_\_\_\_ Batting Position \_\_\_\_\_ Batting Avg. \_\_\_\_\_

**Fielding Stats From the Position of Catcher Only**

Stolen Bases Attempted \_\_\_\_\_ Stealers Thrown Out \_\_\_\_\_

Put Outs (Don't include K's) \_\_\_\_\_ Assists \_\_\_\_\_ Errors \_\_\_\_\_

Pass Balls \_\_\_\_\_ Fielding Average \_\_\_\_\_ Pick Off's \_\_\_\_\_

TEAM BATTING AVERAGE: \_\_\_\_\_  $\frac{\text{Hits}}{\text{At Bats}} = \text{BA}$

**THE FORM MUST BE FILLED OUT COMPLETELY IN ORDER FOR THE PLAYER TO BE CONSIDERED**

**\*\*YOU MUST INCLUDE PLAYER STATS FOR INDIVIDUAL GAMES FOR THE SEASON ON THE BACK OF THIS FORM\*\***

Comments: Athletic & Academic Honors: \_\_\_\_\_

**SENIORS ONLY - ALL STAR GAME**

1. Attach a Senior Picture, Print the name and school on the back.
2. The Association is sponsoring three Senior All Star Games.
3. Players will be chosen by the order of their selection to the All State Team. Honorable Mention and possibly all Regional Team players may be used.
4. When an athlete accepts the invitation to participate the financial obligations is \$100.00 to be paid by the coach.

By signing below, I acknowledge and accept the responsibility for the sponsor fee of \$100.00 for the senior athlete nominated on this form. Failure to sign will result in the above player not being selected to the all star game. Payments must be made by September 1 after that date the cost will increase *\$25 per month until paid* The coach and High School will not be in good standing with the MHSSCA until fees are paid in full.

Coach Name (PRINT) \_\_\_\_\_

Coaches' Signature \_\_\_\_\_

Coaches Address: \_\_\_\_\_

Coaches Phone Number: \_\_\_\_\_