

MICHIGAN HIGH SCHOOL SOFTBALL COACHES

Position

DP

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

Played at this position	Games _____	Innings _____
At Bat _____	Hits _____	RBIS _____ Sac _____
Runs _____	1B _____	2B _____ 3B _____
HR _____	SB _____	SO _____ OBA _____
Walks _____	Batting Position _____	Batting Avg. _____

|| 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: _____