

**MICHIGAN HIGH SCHOOL SOFTBALL
COACHES ASSOCIATION
2017 Nomination Form**

Position

Pitcher

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 _____

Runs Allowed _____ Earned Runs _____

Games Completed _____ E.R.A. _____

Batters Faced _____ Walks _____

Innings Pitched _____ Strikeouts _____

Hits Allowed _____ Extra Base Hits _____

Wins _____ Losses _____

Hit Batters _____ Wild Pitches _____

Put Outs _____ Assists _____ Errors _____

Fielding Average _____ Batting Average _____

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

THIS 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: _____