

Paris Junior College

Softball Questionnaire

Personal Information

Name: _____ Age: _____

Date Of Birth: _____ Expected High School Graduation Date: _____

Address: _____ Home Phone: _____

City, State, ZIP: _____

E-mail Address: _____ Height: _____ Weight: _____

High School: _____

Father: _____ Occupation: _____

Mother: _____ Occupation: _____

Academic Information

SAT Score: _____ ACT Score: _____ High School GPA: _____

Athletic Information

Position: _____ Bat (R or L): _____ Throw (R or L): _____

Batting Average: _____ RBI: _____ SB: _____ HR: _____ 2B: _____

Pitching Record: _____ ERA: _____ SO: _____ BB: _____ Velocity: _____

Speed - Plate To First: _____ 60-Yard Dash: _____

High School Coach: _____ Office Phone: _____

Summer Coach: _____ Phone: _____

Summer League Team: _____

List Athletic Honors (All Sports; Use Back If Necessary): _____

Comments: _____

Print, complete and mail to: **PJC Softball, 2400 Clarksville St., Paris, TX 75460-6298**