

**MICHIGAN HIGH SCHOOL SOFTBALL  
COACHES ASSOCIATION  
2011 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: \_\_\_\_\_

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

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

**STATISTICS FOR THE 2011 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 \_\_\_\_\_

Games Completed \_\_\_\_\_ Earned Runs \_\_\_\_\_

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 \_\_\_\_\_

**This form must be filled out completely  
in order for the player to be considered**

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 \$90.00 to be paid by the coach.

By signing below, I acknowledge and accept the responsibility for the sponsor fee of \$90.00 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 MHSCA until fees are paid in full.

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

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

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

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