

DMS Baseball Player Information Form

THIS MUST BE TURNED IN TO ME IN ORDER TO TRYOUT

Grade/Name:

Top Three Positions (1B,2B,SS,3B,P,C,OF) - List in order of your best to your least best.

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. . .

Do you Pitch? (Circle Yes or No)

YES

NO

Do you Catch? (Circle Yes or No)

YES

NO

BaseballHistory (How many years you have played, Do you play travel or rec?, Awards, teams that you've participated on)

