



Softball Questionnaire

Name _____
Address _____ Home/Cell _____
City/State _____ Zip Code _____

E-Mail Address _____ Birth Date _____
Height _____ Weight _____
High School _____ Graduation Year _____

Father's Name _____ Occupation _____
Mother's Name _____ Occupation _____

Counselor's Name _____ Telephone (____) _____
ACT Score _____ SAT Score _____ Class Rank _____ Approx. GPA _____
School Honors _____

Coach's Name _____ Telephone (____) _____
Athletic Honors _____

Athletic Injuries _____
Primary Position _____ Secondary _____ Home to First Time _____
Throws: R/L Bats: R/L or Both Batting Average _____ Fielding % _____
Pitchers Only: (circle pitches thrown) Curve Drop Rise Screwball Other _____
Approx. Speed _____ MPH

Summer Team _____ Primary Position _____ Secondary _____
Summer Coach's Name _____ Telephone (____) _____
Do you have a video Available _____
Planned Major _____
Other Schools Considering _____

Please Complete as accurately as possible and return to:

Galveston College
Coach Christa Hartnett
4015 Avenue Q
Galveston, TX 77550
Or FAX to
(409) 944-1503