

NorthCentral

MISSOURI COLLEGE

MEN'S BASEBALL QUESTIONNAIRE

Personal Information

Name _____ Phone _____ Cell _____

Address _____ City _____ State _____ Zip _____

Date of Birth (mmddyy) ____/____/____ Soc. Sec. # ____/____/____

Email _____ Height _____ Weight _____

Parent/Guardian _____

Address (if different) _____ City _____ State _____ ZIP _____

Baseball Information

Position 1-____ 2-____ 3-____ Bat (R/L/Switch) ____ Throw (R/L/Switch) ____

Athletic Injuries _____ Glasses/Contacts _____

High School Attended _____ Phone _____

A+ Qualifier Yes ___ No ___ Act/Sat _____ GPA _____ Class Rank _____ Major _____

High School Coach _____

College Credit Hours Earned _____ College (s) _____

_____ GPA _____

Coaches Notes:
