



All Star Tryout Evaluation Form

Player's ID Number: _____

Player's Name: _____
 Parent's Name: _____
 Parent's Phone #: _____
 Parent's Email: _____

Age Group: _____
 Birth Date: _____
 Current Team: _____
 Primary Positions: _____

Throws: **Right / Left**
 Bats: **Right / Left**

Players / Parents: DO NOT write below this line.

		(circle one)	(circle one)	(circle one)	
Infield	Balls fielded	Mechanics	Arm	Range	SCORE
<u>Comments</u>	____ of 7	5	5	5	90%
		4	4	4	80%
		3	3	3	60%
	Throws to 1B	2	2	2	40%
	____ of 7	1	1	1	20%
Outfield	Balls fielded	Mechanics	Arm	Range	SCORE
<u>Comments</u>	____ of 7	5	5	5	90%
		4	4	4	80%
		3	3	3	60%
	Throws to 1B	2	2	2	40%
	____ of 7	1	1	1	20%
Hitting	Balls in Play	Mechanics	Power	Contact	SCORE
<u>Comments</u>	____ of 7/10	5	5	5	90%
		4	4	4	80%
		3	3	3	60%
	Solid Contact	2	2	2	40%
	____ of 7/10	1	1	1	20%
Running	Home to 1B	First Time	Second Time		
<u>Comments</u>					
	1B to 3B w/ slide				
Pitching (9U & Older only; optional)	# of Strikes	Form	Arm	Control	SCORE
<u>Comments</u>	____ of 7/10	5	5	5	90%
		4	4	4	80%
		3	3	3	60%
		2	2	2	40%
		1	1	1	20%
Catching (optional)	Balls fielded	Mechanics	Arm	Agility	SCORE
<u>Comments</u>	____ of 7	5	5	5	90%
		4	4	4	80%
		3	3	3	60%
	Throws to 1B	2	2	2	40%
	____ of 7	1	1	1	20%

Total Score: _____

