

Skills Evaluation Form

Players Name: _____



Age group wanting to play in: _____

Parents Contact Information

Age on April 30th, 2012: _____

Name _____
E-mail _____
Cell Phone _____

Address _____
City, ST. Zip _____
Home Phone _____

INFIELD	Scoring			
	Mechanics	Arm	Range	Total Score
Comments:	5	5	5	
	4	4	4	
	3	3	3	
	2	2	2	
	1	1	1	

OUTFIELD	Scoring			
	Mechanics	Arm	Range	Total Score
Comments:	5	5	5	
	4	4	4	
	3	3	3	
	2	2	2	
	1	1	1	

HITTING	Scoring			
	Mechanics	Contact	Power	Total Score
Comments:	5	5	5	
	4	4	4	
	3	3	3	
	2	2	2	
	1	1	1	

TOTAL SCORE

RUNNING	Scoring			
	Comments:	Home to 1st "65ft"	Home to 1st "65ft"	1st to 3rd "130ft"

Pitching	Scoring									
	Fastest	Avg Speed	Strikes	Balls	1st	2nd	3rd	4th	5th	6th
Comments:										

Catching	Scoring			
	Comments:	Home to 2nd "94ft"	Home to 2nd "94ft"	Home to 3rd "65ft"