



All Star Tryout Evaluation Form

Player's ID Number: _____

Player's Name: _____

Age Group: _____

Throws: **Right / Left**

Parent's Name: _____

Birth Date: _____

Bats: **Right / Left**

Parent's Phone #: _____

Current Team: _____

Parent's Email: _____

Primary Positions: _____

Players / Parents: DO NOT write below this line.

		(circle one)	(circle one)	(circle one)		
		Mechanics	Arm	Range	SCORE	
Infield	Balls fielded	5	5	5	90%	
<u>Comments</u>	____ of 7	4	4	4		80%
		3	3	3		60%
	Throws to 1B	2	2	2		40%
	____ of 7	1	1	1		20%

		Mechanics	Arm	Range	SCORE	
Outfield	Balls fielded	5	5	5	90%	
<u>Comments</u>	____ of 7	4	4	4		80%
		3	3	3		60%
	Throws to 1B	2	2	2		40%
	____ of 7	1	1	1		20%

		Mechanics	Power	Contact	SCORE	
Hitting	Balls in Play	5	5	5	90%	
<u>Comments</u>	____ of 7/10	4	4	4		80%
		3	3	3		60%
	Solid Contact	2	2	2		40%
	____ of 7/10	1	1	1		20%

		First Time	Second Time
Running	Home to 1B		
<u>Comments</u>			
	1B to 3B w/ slide		

		Form	Arm	Control	SCORE	
Pitching (9U & Older only; optional)		5	5	5	90%	
<u>Comments</u>		4	4	4		80%
	# of Strikes	3	3	3		60%
	____ of 7/10	2	2	2		40%
		1	1	1		20%

		Mechanics	Arm	Agility	SCORE	
Catching (optional)	Balls fielded	5	5	5	90%	
<u>Comments</u>	____ of 7	4	4	4		80%
		3	3	3		60%
	Throws to 1B	2	2	2		40%
	____ of 7	1	1	1		20%

Total Score:

** Please print this form and bring it with you to the tryout. **