Paris Junior College
Softball Questionnaire

Personal Information

Name: ___________________________________________ Age: __________________

Date Of Birth: ___________________ Expected High School Graduation Date: __________

Address: ___________________________ Home Phone: __________

City, State, ZIP: _____________________________________________

E-mail Address: ___________________________ Height: _______ Weight: _______

High School: _______________________________________________________________________

Father: ___________________________ Occupation: _____________________________

Mother: ___________________________ Occupation: _____________________________

Academic Information

SAT Score: ___________________ ACT Score: ___________________ High School GPA: ______

Athletic Information

Position: ___________________________ Bat (R or L): _______ Throw (R or L): _______

Batting Average: ___________ RBI: _______ SB: _______ HR: _______ 2B: _______

Pitching Record: _______ ERA: _______ SO: _______ BB: _______ Velocity: _______

Speed - Plate To First: ___________________________ 60-Yard Dash: ______________

High School Coach: ___________________________ Office Phone: ______________

Summer Coach: ___________________________ Phone: ______________

Summer League Team: ___________________________

List Athletic Honors (All Sports; Use Back If Necessary: ___________________________

___________________________________________________________________________________

Comments: _________________________________________________________________________

Print, complete and mail to: PJC Softball, 2400 Clarksville St., Paris, TX 75460-6298