



FALL 2009 PITCHING SHOWCASE REGISTRATION

First Name: _____ Height/Weight: _____

Last Name: _____ Bats (R/L): _____ Throws (R/L) _____

Date of Birth (mm/dd/yy): _____ Primary Position: _____

Address: _____ Secondary Position: _____

City: _____ Graduation Year: _____

State: _____ Zip Code: _____ GPA/SAT/ACT: _____/_____/_____

Phone: _____ Coach's Name: _____

Email: _____ Coach's Email: _____

Parent/Guardian: _____ Credit Card #: _____

Pitcher or Catcher: _____ Expiration: _____ Amount: _____

Credit card information is only required if submitting a payment