

# ***Augusta State Baseball Questionnaire***



## PERSONAL INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

E-mail Address \_\_\_\_\_

## ACADEMIC INFORMATION

School \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Graduation (year) \_\_\_\_\_ Degree desired in college \_\_\_\_\_

Grade point average \_\_\_\_\_ College Board results (SAT)   V     M  

ACT Score (if applicable) \_\_\_\_\_

Guidance Counselor \_\_\_\_\_ Office Phone \_\_\_\_\_

## BASEBALL INFORMATION

Position \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

BA	GP/GS	AB	R	H	2B	3B	HR	RBI	BB	SO	SB/SBA	PO	A	E
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
ERA	W-L	APP	GS	CG	IP	H	R	ER	BB	SO	2B	3B	HR	HP
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Summer Coach \_\_\_\_\_ Phone \_\_\_\_\_

High School Coach \_\_\_\_\_ Phone \_\_\_\_\_

Video Tape Available? \_\_\_\_\_

***Print This Form Out and Fax to Head Baseball Coach Chris Cooper at 706-729-2445***