



PLAYER INFORMATION SHEET - CD CROSSFIRE SOFTBALL

Download form to have access to interactive fillable fields

Players Name: _____ Age: _____ Graduation Yr. _____

DOB _____ School _____

E-Mail: _____ Cell Ph. _____

Fathers Name: _____ Cell Ph. _____

E-Mail: _____ Home Ph. _____

Mothers Name: _____ Cell Ph. _____

E-Mail: _____ Home Ph. _____

Home Address _____

City _____ State: _____ Zip Code _____

Do you play softball in HS? Y ___ N ___ Do you play other sports? Y ___ N ___

How many yrs have you played softball? _____ Position(s): _____

Throw: R ___ L ___ Bats: R ___ L ___ Slapper: Y ___ N ___

Do you have a personal coach for any softball skill(s): Y ___ N ___ If yes, Who? _____

Jersey Size _____ Pant Size _____ Helmet Size _____

Are you on any other travel teams roster and registered with an softball organization? (ASA, USSSA, etc.)

Y ___ N ___ If yes, list them here _____

Do you want to play softball in College? Y ___ N ___ Undecided _____

GPA _____ SAT score _____ ACT score _____

What is your college degree pursuit at this time? _____

Please submit form to cdcrossfire@gmail.com