

EOCC Softball Questionnaire:

Use this form to submit your details to the Enterprise-Ozark Community College softball staff.

Print this form and fill each field as completely as possible, then mail to:

Enterprise-Ozark Community College
Attn: Coach King Jones
P.O. Box 1300
Enterprise, AL 36331-1300

General Information

Full Name: _____

Nickname: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Area code/phone: _____ E-Mail address: _____

Date of Birth: _____ Parent/Guardian Names: _____

Athletic Information

Position: _____ Height: _____ Weight: _____

Per Game Averages:

Batting Average: _____

Bats (*select one*): Right / Left / Both

Home to First Speed: _____ Slugging Percentage: _____

Pitchers – ERA: _____ Strikeout / Walks Ratio: _____

Throws: Right / Left

Athletic Honors: _____

High School Coach's Name: _____

Coach's Area code/phone: _____

Travel Team: _____ City: _____

Travel Team Record (2006): _____

Travel Coach's Name: _____

Travel Coach's Area code/phone: _____

Top Players you have competed with / against:

School/Team Player 1: _____

School/Team Player 2: _____

Academic Information

Complete Name of High School: _____

School Area code/phone: _____

School Address: _____

City: _____ State: _____ Zip: _____

Graduation Year: _____ GPA: _____ Class Rank: _____ of _____

SAT/ACT Total: _____ Intended Major: _____

College Attended (*if applicable*): _____

Major: _____

School Address: _____

City: _____ State: _____ Zip: _____

College Coach: _____

Phone: _____

GPA: _____ Class Rank: _____ of _____