

Pitt Community College Baseball Questionnaire

Return to:
Pitt Community College
Baseball Program
PO Drawer 7007
Greenville, NC 27858

General Information

Name: _____ Graduation Date: _____
Home Phone: _____ Cell Phone: _____
Email: _____
Home Address: _____ City: _____
State: _____ Zip Code: _____
SSN: _____ Date of Birth: _____
Fathers Name: _____ Occupation: _____
Mothers Name: _____ Occupation: _____
Colleges that have contacted you: _____
Are you registered for the NCAA Clearinghouse? Yes No

Academic Information

High School: _____
High School Address: _____ City: _____
State: _____ Zip Code: _____ School Phone: (____) _____
GPA: _____
SAT Score: Total _____ Math _____ Verbal _____
ACT Score: _____ Class Rank: _____ out of _____

Baseball Information

Height: _____ Weight: _____ Bats: R____ or L____ Throws: R____ or L____
Primary Position: _____ Secondary Position: _____
Running Time 60 yrd _____ Velocity (Pitchers only) _____
High School Coach: _____ Coaches Phone: School (____) _____
Cell (____) _____
Summer League Team: _____ Summer Coach _____
Summer Coach's Phone: Home (____) _____ Cell (____) _____
Individual Honors or Awards: _____

Professional MLB Scouts that have seen you play? _____