

Pitt Community College Softball Questionnaire

Return to:
Pitt Community College
Softball Program
PO Drawer 7007
Greenville, NC 27835

General Information

Name: _____ Graduation Date: _____
Home Phone: _____ Cell Phone: _____
Email: _____
Home Address: _____ City: _____
State: _____ Zip Code: _____
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: () _____
SAT Score: Total _____ Math _____ Verbal _____
ACT Score: _____ Class Rank: _____ out of _____

Softball Information

Height: _____ Weight: _____
Bats: L _____ R _____ Throws: L _____ R _____
Primary Position: _____ Secondary Position: _____
Home to 1st time: _____ Speed (Pitchers Only): _____
High School Coach: _____ Coaches phone: () _____
Coaches cell: () _____
Travel ball played: Yes/ No Name of team: _____
Travel ball coaches name: _____ Coaches phone: () _____
Coaches cell: () _____
Individual Honors or Awards: _____
Clubs/ Organizations: _____
