

All Star Baseball Academy's Top 100 Mid-Atlantic Showcase Application

Name _____

Address _____

Phone _____

Cell _____

Email _____ @ _____ . _____

School _____

Parents _____

Age _____ DOB _____

Grad Year _____

Position/s _____

GPA _____ SAT _____

Height _____ Weight _____

60 time _____ From Which Event _____

Pitching Velocity _____ From Which Event _____

HS Stats BA _____ HR _____ RBI _____ SB _____ 2B _____ 3B _____ (varsity stats only)

HS Pitching Stats W _____ L _____ SO _____ BB _____ ERA _____ MPH _____ (varsity stats only)

Summer Team _____

Fall Team _____

Summer Coach _____

Fall Coach _____

Coach or Scout Recommendation _____

Coach or Scout _____ Organization _____

Please fax this application to 610-399-8553 when completely filled out make attention to Top 100 Showcase