



Midland College



Softball Questionnaire

(please print or type)

Full Name: _____ Email: _____
 Address: _____ Telephone: _____ Cell: _____
 City: _____ State: _____ Zip: _____
 School: _____ Coach: _____ Coach's Phone Number: _____
 Position: _____ Throws: _____ Bats: _____
 Height: _____ Weight: _____ Birthdate: _____ SS# _____
 Softball Honors: _____

Pitching Stats: Won: _____ Lost: _____ ERA: _____ IP: _____ SO: _____
 BB: _____ MPH Clocked: _____
Hitting Stats: BA: _____ AB: _____ H: _____ 2B: _____ 3B: _____
 HR: _____ RBI: _____ SB: _____

Planned course of study: _____

ACT Score: _____ SAT Score: _____ GPA: _____ Rank: _____

Have you applied for any type of financial aid? _____

Will you qualify? _____

Father's name: _____ Occupation: _____

Mother's name: _____ Occupation: _____

List the outstanding players who you have played with or against who will graduate this season or next:

	Name	Position	Grad. Year	School	City/State
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Please include a copy of your softball schedule and return to:

Tommy Ramos, Head Softball Coach

**Midland College
3600 N. Garfield
Midland, TX 79705**