

Softball Assessment Team Score Form



Team Name: _____ Head Coach Name: _____

Agency Number & Name: _____ Head Coach Email: _____

Agency Contact Name & Email: _____ Head Coach Phone Number: _____

Team Gender (circle one): Male or Female

Age Group (circle one): 8-15 Juniors 16-21 Seniors 22-39 Masters 40+ Senior-Masters

(One athlete in a higher Age Group puts the entire team in that Age Group except in the Senior-Masters Age Group in which 80% of the players must be 40+)

| Name | Birthdate | Sex (M/F) | Athlete / Partner (A/P) | Hitting | Fielding | Base Running | Game Awareness | Throwing | Pitching | Catching | Overall Score |
|------|-----------|-----------|-------------------------|---------|----------|--------------|----------------|----------|----------|----------|---------------|
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Using scores from the Softball Skills Assessment Form for each player, please list players in order from highest to lowest rating

Avg Score = _____