



UMass Baseball Questionnaire

PERSONAL INFORMATION

Name		Age	Date of Birth	Year you will Graduate	S.S. #
Street Address				Email Address	
City and State		Zip Code	Home Phone #		Cell Phone #
Father	Occupation		Mother	Occupation	
Relatives or Friends that attended University of Massachusetts					
Your Interest in Us Extreme Moderate Low		List of Top 3 Choices 1. _____		2. _____ 3. _____	

ACADEMIC INFORMATION

High School or Junior College		Counselor's Name and Phone No. ()			
Address		City, State, Zip Code			
Grade Point Average	Rank in Class	Intended Major		Would you like an application?	
College Board Exam (SAT) Yes No Applied for	Score Math: _____ Verbal: _____	American College Test (ACT) Yes No Applied for		Score	
List of Academic Honors and Achievements					

ATHLETIC INFORMATION

Your Position		Bat	Throw	Height	Weight
Best Players you have played against this year and their school					
List below three professional scouts that have seen you play (Your Coach can help you with this information)					
Scout's Name	Organization	Address		Phone No.	
1. _____					
2. _____					
3. _____					

COACHES' RECOMMENDATION

Grade on Scale 1-8 (8 being the highest possible grade)					
Position Player			Pitcher		
Arm Strength _____	Home to First _____ sec.	Fastball _____	Change up _____		
Power _____	Intangibles _____	Miles per Hour _____	Specialty Pitch _____		
Fielding Ability _____	40 yd. Dash _____	Slider _____	Fielding Ability _____		
60 yd. Dash _____		Curve _____	Intangibles _____		

Additional Comments and/or Statistics		Coaches' Signature and Phone No.
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If available, please send a picture of yourself and your upcoming schedule