



U19 Male Fastball NAIG 2017 Player Information Form

Name: _____

Address: _____

City: _____

Postal Code: _____

Phone: _____

Email: _____

Bat: L _____ R _____

Throw: L _____ R _____

Height _____

Weight _____

Player Position: In order of Preference

Pitcher: _____ Catcher: _____

Infield: _____ Outfield: _____

Parents/Guardians Name: _____

Phone # _____

Forward completed Form to: morley.watson@ochapowace.ca