



Connors State Softball Recruitment Form

Name: _____

Address: _____

City, State, Zip: _____, _____, _____

Home Phone: (____) _____

Cell Phone: (____) _____

Date of Birth: _____

Email Address: _____

Mother's Name: _____

Mother's Phone: (____) _____

Father's Name: _____

Father's Phone: (____) _____

High School: _____

High School Head Coach: _____

High School Head Coach's Phone: (____) _____

Summer Team / Coach's Name: _____

Summer Coach's Phone Number: (____) _____

ACT Scores: _____

GPA: _____

Class Rank: _____

Major: _____

Awards and Honors: _____

Date: _____

Please fill out this form completely and email it to
CSCSB@ConnorsState.edu