

Capital University Softball



Please complete and mail to: Nan Payne, Head Softball Coach
Athletic Department
Capital University
1 College and Main
Columbus, OH 43209-2394

npayne@capital.edu
(614) 236-6487
fax (614) 236-6178
www.capitalcrusaders.net

Name _____ Preferred to be called _____
Street _____ City _____ State _____ ZIP _____
Height _____ Weight _____ Age _____ Date of birth _____
Home phone () _____ Cell phone () _____ E-mail _____
Father's and mother's names _____
Parents' address, if different from above _____
Father's occupation _____ Mother's occupation _____
Names and ages of other children in family _____
High school _____ School phone () _____
School street _____ City _____ State _____ ZIP _____
Softball coach's name _____ Coach's phone () _____
Your planned college major (1) _____ (2) _____
You were recommended to Capital University by _____
Names of Capital students or alumni you know _____
Would you be interested in visiting our campus? Yes _____ No _____
If yes, list visit dates that would be convenient to you _____

ATHLETIC PARTICIPATION

Video available? Yes _____ No _____
Bat Right _____ Left _____ Throw Right _____ Left _____ Position _____
Defensive fielding percentage _____ % Errors _____
Batting average _____ RBIs _____ Stolen bases _____
Number of batter in lineup _____ High school number worn _____
Pitchers only Won/loss record _____ Strikeouts _____ Hits _____ Walks _____ ERA _____
Honors or awards in softball (include letters earned) _____
Other sports played _____

ACADEMICS

Date of graduation _____ Year in school _____
Class rank/number _____ Present GPA _____
Have you taken the SAT/ACT? Yes _____ No _____ If yes, score _____

Comments _____

