

ATLANTIC LEAGUE PLAYER INFORMATION CARD

(PLEASE PRINT)

NAME _____ POS. _____ BATS _____ THROWS _____
(LAST) (FIRST) (MIDDLE)

SOCIAL SECURITY# _____ HGT. _____ WGT. _____

ADDRESS _____ D.O.B. _____ / _____ / _____
(MONTH) (DAY) (YEAR)

CITY _____ STATE _____ ZIP _____ PHONE () _____

COLLEGE _____ GRADUATION DATE _____

HAVE YOU SIGNED PRO BASEBALL CONTRACT? WHEN? _____ CLUB _____ OPTION YES NO

LAST TEAM/SALARY (MONTHLY) _____ DATE RELEASED _____

HAS PLAYER HAD ANY SERIOUS INJURIES/OPERATIONS? YES NO

IF YES WHAT TYPE? _____

DOES PLAYER WEAR CONTACTS? YES NO GLASSES? YES NO

BEST BASEBALL REFERENCE _____ PHONE # _____

DATE: _____ SIGNED: _____