

METROPOLITAN EAST SECONDARY SCHOOLS SPORTS REGIONAL
14 YEARS AND UNDER BASEBALL TRIALS

NOMINATION FORM AND PLAYER RESUME

Name: _____ Date of Birth: _____

Address: _____

_____ Home Telephone: _____

School: _____

School Address: _____

_____ School Telephone: _____

Experience and Positional Data: (Including year, age group, teams, achievements)

School Representation: _____

Club Representation: _____

Representative Teams: _____

Playing Positions: _____

Other information that may be of benefit to the selectors: _____

Throw R L Bat R L (Please Circle)

Parent/Caregiver Signature

**This form must be returned to Mrs Dianna Smith NO LATER THAN
Tuesday 18th May 2007.**

Dianna Smith
14 Years and Under Regional Baseball Convenor
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