

2020 NEBL Player Information Form

Player Name: _____ Date: _____

Parents Name: _____

Player Email: _____

Mom Email: _____

Dad Email: _____

Address: _____ Town/City: _____ ZIP Code: _____

Address (2): _____ Town/City: _____ ZIP Code: _____

Mom Cell Phone #: _____ Dad Cell Phone #: _____

Home Phone #: _____ Player Cell Phone #: _____

Date of Birth: _____ Age: _____ School: _____ Year of Graduation: _____

Have you previously played AAU/NEBL? Y or N

Previous Team: _____ Years Experience: _____

Primary (Position): _____ Secondary (Position): _____

Bats: _____ Throws: _____

EVALUATOR SHEET

Invite back or not needed _____

Contract Provided _____

Deposit Provided _____

Arm strength fielder _____ (_____)

Arm Strength Pitcher _____ (_____)

Fielding _____ (_____)

Batting _____ (_____)

Batting for power _____ (_____)

Running _____ (_____)

**For evaluator
use ONLY**