Iowa High School Baseball Coaches Association

2019 ALL-STAR SERIES RECOMMENDATION FORM

SENIORS ONLY **Deadline: July 1, 2019** PHOTO OPTIONAL

LARGE EAST ( ) LARGE WEST ( ) SMALL EAST ( ) SMALL WEST ( )

NAME _____
LAST FIRST HOME PHONE / CELL PHONE

HOME ADDRESS _____

CITY _____ ZIP _____ DOB _____

HEIGHT _____ WEIGHT _____ AGE _____ TEAM RECORD _____

GRADE POINT _____ ACT SCORE _____ CLASS RANK _____

SCHOOL _____ NUMBER OF STUDENTS IN SCHOOL _____

PLAYERS POSITION _____ BATS_____ THROWS_____ UNIFORM # _____

HITTING : AB R H 2B 3B HR BB SO SB RBI FIELD% BAT AVE.

2017_____

2018_____

As of 7/1/2019_____

ALL-CONFERENCE _____ ALL-DISTRICT _____ ALL-STATE_____

OTHER HONORS RECEIVED_____

PITCHING: WIN LOSS SV GP CG IP H R SO BB ERA

2017_____

2018_____

As of 7/1/2019_____

COACH'S NAME _____ E-MAIL_____

HOME ADDRESS/CITY/ZIP _____

HOME PHONE _____ CELL PHONE _____

******$250.00 MINIMUM SPONSORS FEES (IF CHOSEN) More would help to defray cost of All Star Series. FEES DUE August 5, 2019 *******

SEND TO:
Lee Toole
301 Wildwood Dr.
Council Bluffs, IA 51503 FAX: 712-366-8324 E-Mail: toolehome@hotmail.com