

**MICHIGAN HIGH SCHOOL SOFTBALL
COACHES ASSOCIATION**

Position

Infield/Outfield

2025 Nomination Form

Region# _____ Selection Order _____

Division _____

Phone numbers will only be used to contact players for awards and All Star Games

Name: _____

Grade: _____ Favorite Number: _____

Shirt size (Mens Size) _____ Short Size _____
S M L XL XXL

Parents: _____

Address: _____

City: _____ Zip: _____

Parents E-mail: _____

Phone: _____

Players Cell Phone: _____

Players Email: _____

Coaches Name: _____

High School: _____

Address: _____

City: _____ Zip: _____

Coach Phone: _____

Coaches E-mail: _____

STATS FOR THE 2025 REG SEASON ONLY

The majority of the innings played for the season must be at the position nominated for played at this position

Game: _____ Innings _____

At Bat _____ Hits _____ RBI _____ Sac _____

Runs _____ 1B _____ 2B _____ 3B _____

HR _____ SB _____ SO _____ OBA _____

Walks _____ Batting Position _____ Avg _____

Fielding Stats From Position Nominated For Only

Putouts _____ Assists _____ Errors _____

Fielding Attempts _____ Fielding Average _____

Overall Defensive Rating, 1-10 (10 being outstanding) _____

Team Batting Average _____

THE FORM MUST BE FILLED OUT COMPLETELY IN ORDER FOR THE PLAYER TO BE CONSIDERED

****YOU MUST INCLUDE PLAYER STATS FOR INDIVIDUAL GAMES FOR THE SEASON ON THE BACK OF THIS FORM****

Comments: Athletic & Academic Honors: _____

SENIORS ONLY - ALL STAR GAME

1. The Association is sponsoring four Senior All Star Games.
2. Players will be chosen by the order of their selection to the All State Team. Honorable Mention and possibly all Regional Team players may be used.
3. When an athlete accepts the invitation to participate the financial obligations is \$50.00 to be paid by the coach.

By signing below, I acknowledge and accept the responsibility for the sponsor fee of \$50.00 for the senior athlete nominated on this form. Failure to sign will result in the above player not being selected to the all star game. Payments must be made by September 1 after that date the cost will increase *\$25 per month until paid* The coach and High School will not be in good standing with the MHSSCA until fees are paid in full. Also by signing below I verify that all statistics are accurate to the best of my ability and understand that if these stats prove to be inaccurate, I may be penalized in any future All-State voting processes.

Coach Signature _____ Date _____