

**MICHIGAN HIGH SCHOOL SOFTBALL
COACHES ASSOCIATION**

Position

Utility

2025 Nomination Form

Region# _____ Selection Order _____

Division _____

STATS FOR THE 2025 REG SEASON ONLY

Innings cannot exceed 49% at any position.

Name: _____
 Grade: _____ Favorite Number: _____
 Shirt size (Men's): _____ Short Size _____
 S M L XL XXL

Position Played _____	Games _____	Innings _____
Position Played _____	Games _____	Innings _____
Position Played _____	Games _____	Innings _____
Position Played _____	Games _____	Innings _____
Position Played _____	Games _____	Innings _____
Position Played _____	Games _____	Innings _____

Parents: _____
 Address: _____
 City: _____ Zip: _____
 Parents E-mail: _____
 Phone: _____
 Players Cell Phone: _____
 Players Email: _____

At Bat _____	Hits _____	RBI _____	Sac _____
Runs _____	1B _____	2B _____	3B _____
HR _____	SB _____	SO _____	OBA _____
Walk _____	Batting Position _____	Batting Avg _____	
Wins _____	Losses _____	IP _____	ER _____
ERA _____	Strikeouts _____	Walks _____	Hits _____

Coaches Name: _____
 High School: _____
 Address: _____
 City: _____ Zip: _____

Fielding Stats

Put Outs _____	Assists _____
Errors _____	Fielding Attempts _____
Fielding Average _____	Team Batting Average _____
Overall Defensive Rating, 1-10 (10 being outstanding) _____	

Coach Phone: _____
 Coaches E-mail: _____

**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 _____