



2015 PALO ALTO HEAT APPLICATION



PALO ALTO GIRLS SOFTBALL

P.O. Box 60027 • Palo Alto, CA 940306 www.paloaltogirlssoftball.org

paloaltogirlssoftball.org

650.209.0454.

Player:

Player's Name: _____

Player's Date of Birth: _____ (age on 12/31/2014 determines age group)

Player Softball Background:

Has the most experience playing these positions: _____

Prior Heat or other competitive softball experience (check all that apply):

- ☐ Summer 2010 ☐ Summer 2011 ☐ Summer 2012 ☐ Summer 2013 ☐ Summer 2014
☐ Fall 2010 ☐ Fall 2011 ☐ Fall 2012 ☐ Fall 2013 ☐ Fall 2014

Spring 2015 PAGS recreational league player experience:

Age Division: _____ Team: _____ Coach: _____

Availability:

Tournaments: Please circle all dates where the player is NOT available

	Friday	Saturday	Sunday	Notes
May	22	23	24	_____
May	29	30	31	_____
June	5	6	7	_____
June	12	13	14	_____
June	19	20	21	_____
June	26	27	28	_____
July	3	4	5	_____
July	10	11	12	_____
July	17	18	19	_____
July	24	25	26	_____

Practice: Practices are typically in the later afternoon. Please circle days where the player is

NOT available to practice: **Mon** **Tues** **Wed** **Thurs** **Fri**

Please indicate weeks where the player will not be available for practice (vacations, etc.)

Please note that availability will be taken into account when forming teams so we can minimize conflicts and maximize the opportunities for the girls to practice and play together. We do recognize that every player will have some conflicts ... we just want to take those into account.

Contact Information:

Parents name(s) _____

Address: Street, City, and Zip: _____

E-mail: _____ phone _____

E-mail: _____ phone _____