



**NORTH FLORIDA BASEBALL SHOWCASE**

Date Attending (Circle)     Sept. 29th

NAME: \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_

SCHOOL \_\_\_\_\_ COACH \_\_\_\_\_

INSURANCE CARRIER \_\_\_\_\_ Policy # \_\_\_\_\_

PARENT NAME(s) \_\_\_\_\_

YOUR CELL # \_\_\_\_\_ PARENT PH. \_\_\_\_\_

Year(Circle)     Junior     Senior     Sophomore

Height \_\_\_\_\_ Weight \_\_\_\_\_

SAT score \_\_\_\_\_ ACT score \_\_\_\_\_ Approx GPA un \_\_\_\_\_ Weighted \_\_\_\_\_

PRIMARY POSITION \_\_\_\_\_

SECONDARY POSITION \_\_\_\_\_

PITCHER (circle)   YES     NO                      THROWS   R   L     BATS   R   L   S

T-SHIRT SIZE \_\_\_\_\_

**Cost:**    \$110 – No Refunds

**Tropical Storm Date:** Sept 30th

**Registration forms and fees can be sent by mail to:**

Tallahassee Community College  
Attn: Mike McLeod, baseball  
444 Appleyard Drive  
Tallahassee, FL 32304

**Make Checks Payable to:**

Mike McLeod Capital City Baseball School

**NEED MORE INFO?** Coach McLeod 850-264-3374