



NORTH FLORIDA BASEBALL SHOWCASE

Date Attending (Circle) Sept. 28th

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 29th

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