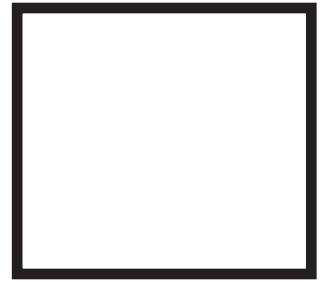




SCORECARD

(TAKE THIS FORM TO YOUR HITTING STATION)



PLEASE PRINT LEGIBLY

Hitters

First Name * _____

Hitters

Last Name * _____

Hitters Age * _____
(as of July 31 this year)

**Parent/
Guardian**

First Name * _____

Last Name * _____

Address * _____

City * _____ State * _____ Zip * _____

Email * _____ Phone * _____

Warm-up Swings (up to 5)

Baseball

Softball

ZONE	POINTS
S	1
F	2
1	3
2	5
3	10
4	25
5	50
6	75
7	100
8	150
9	300

ATTEMPS	ZONE	SCORE
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

* Required to participate

TOTAL SCORE