



AGSL 16 Year Old Biography Sheet

Name: _____ Years Played: _____

Teams Played On: _____

Positions Played: _____

What have you enjoyed about playing in AGSL: _____

Hobbies/Interests when not playing softball: _____

High School Name: _____ Graduation Year: _____

What are your plans after graduation: _____

Managers Comments: _____

Completed forms must be turned into Manager by picture day