



POWAY GIRLS SOFTBALL LEAGUE, INC.

P.O. BOX 272, POWAY, CA 92074

PHONE: 858-679-1995

WEBSITE: www.pgsl.org

ALL STAR SEASON APPLICATION

PLAYER _____ DATE OF BIRTH _____
Last Name First Name MI

ADDRESS _____
Street City ZIP

PHONE _____ E-MAIL _____

YEARS OF SOFTBALL _____ YEARS IN PGSL _____ YEARS OF ALL STARS _____

ALL STAR POSITIONS PLAYED _____

HAVE YOU READ THE ALL STAR RULES? (can be found on the website) YES NO

HAVE YOU READ THE LETTER TO ALL STAR APPLICANTS? (website) YES NO

CAN YOU MAKE THE TIME AND FINANCIAL COMMITMENT REQUIRED? YES NO

DO YOU HAVE ANY SPORTS, VACATIONS, OR OTHER ACTIVITIES THAT MAY AFFECT YOUR PARTICIPATION IN ALL STARS? _____

IF YES, DESCRIBE WHAT IT IS AND HOW IT WILL IMPACT YOUR TIME. PLEASE GIVE SPECIFIC DATES AND TIMES IF KNOWN. _____

PARENTS NAME _____

PARENTS SIGNATURE _____