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"Promoting Baseball In Southern California!"

Player of the Week Nomination Form – Please FAX to 714-844-4726

Players Name: _____ Week # _____

Players Position: _____ GPA: _____ SAT: _____ School Name: _____

Players Email Address: _____ Grade: _____

Coaches Name _____ Position: _____

Coaches Email Address: _____

1. Opponent Name: _____ **Date:** _____

AB ____ Hits ____ 2B ____ 3B ____ HR ____ R ____ RBI ____ SB ____

IP ____ Hits ____ ER ____ BB ____ K ____ Win/Loss/Save (Circle One)

2. Opponent Name: _____ **Date:** _____

IP ____ Hits ____ ER ____ BB ____ K ____ Win/Loss/Save (Circle One)

AB ____ Hits ____ 2B ____ 3B ____ HR ____ R ____ RBI ____ SB ____

3. Opponent Name: _____ **Date:** _____

AB ____ Hits ____ 2B ____ 3B ____ HR ____ R ____ RBI ____ SB ____

IP ____ Hits ____ ER ____ BB ____ K ____ Win/Loss/Save (Circle One)

4. Opponent Name: _____ **Date:** _____

AB ____ Hits ____ 2B ____ 3B ____ HR ____ R ____ RBI ____ SB ____

IP ____ Hits ____ ER ____ BB ____ K ____ Win/Loss/Save (Circle One)

5. Opponent Name: _____ **Date:** _____

AB ____ Hits ____ 2B ____ 3B ____ HR ____ R ____ RBI ____ SB ____

IP ____ Hits ____ ER ____ BB ____ K ____ Win/Loss/Save (Circle One)