

APPLICATION FOR MANAGER/COACH
(CIRCLE ONE)

Choice of Division

Baseball

Softball

Foal	(3-4)	6 & Under
Shetland	(5-6)	8 & Under
Pinto	(7-8)	10 & Under
Mustang	(9-10)	12 & Under
Bronco	(11-12)	14 & Under
Pony	(13-14)	16 & Under
Colt	(15-16)	Special Needs Division
Stallion	(5-18)	

Name of Team Desired _____

Name of Applicant _____

Childs Name _____ D.O.B. _____ Age _____

Address _____ City _____

Phone Number _____ Cell _____ Work _____

Do you wish to be a MANAGER _____ COACH _____

Have you Managed or Coached a youth team in the past? _____

If yes, Division _____ Team Name _____ Year _____

Managers and Coaches Clinic will be MANDATORY.

I have read and fully understand the attached set of rules. As a manager or coach I understand that I will comply with all the rules required of me as a Manager or Coach. I also understand that failure to abide by these rules shall be cause for an immediate hearing before the **Board of Directors of this League**, to show cause as to why I should be dismissed as a Manager or Coach.

Signed _____ Dated _____

Board Acceptance _____ Dated _____

President _____ Dated _____

Team Assigned _____ Division _____