

YUCAIPA CALIMESA GIRLS SOFTBALL MANAGER/COACH APPLICATION

NAME:		Division:
CHILD'S NAME:		Age:
ADDRESS:	CITY:	ZIP:
PHONE:	CELL:	
Please check the following:	Manager: Coa	ch:
PLEASE ANSWER THE FO	LLOWING QUEST	TIONS:
Have you coached/manage If yes, where, what sport a	•	Yes No
List any prior experience a	as a manager or coach:	
List 2 references that are f	amiliar with your coach	ning background:
1. Name:Phone:	2. N	Name:Phone:
Have you ever been convicted Have you ever been asked to re	•	
(If yes to either of the above, pl	ease write out explana	ation on the back of the form.)
THE LEAGUE REQUIRES YOU TO COACHES.	ATTEND SEVERAL MAI	NDATORY MEETINGS FOR ALL
YOU ARE REQUIRIED TO OBTAIN	A FINANCIAL SPONSO	R FOR YOUR TEAM.
IF YOU ARE SELECTED AS A COAneed to supply a copy of your driv		CHECK WILIL BE PERFORMED. (You will you complete the release form).
Signature:		Date:
Receiving League official (initials):		