

LONGVIEW YOUTH BASEBALL MANAGER APPLICATION

Name: _____ Phone: _____

Address: _____ Division: _____

Coaching Experience:

1. Years/Level: _____
2. Post Season: _____
3. Skills/Assets: _____

Player Experience:

1. Years/Level: _____

Other Experience With Kids: (Education, Training, Others Sports, Youth Group, Etc.)

1. Years/Level: _____

2. Skills/Assets: _____

Training/Clinics:

1. _____

League Involvement:

1. Years/Level: _____

Children in League:

1. Age/Level: _____

Commitment:

Would Anything Keep You From Filling Commitment to Team:

1. _____
2. I Understand That My Team Is Responsible For HELPING Keep Equipment Safe, Fields Clean & Mowed, And At Least Two/Three Park Ranger Sessions **INITIAL:** _____
3. Coaching Goals: _____

SIGNATURE: _____ **DATE:** _____

Office Use: CERTIFICATION DATE _____ BACKGROUND DATE: _____

PLEASE TURN INTO RYAN BROWN @ longviewbaseball247@gmail.com by Feb. 14^h 2022.