



COACHING FORM

- ✓ There will be a **Mandatory** coaches clinic for the head coach and one assistant coach
- ✓ We will be doing a **Mandatory** finger print check for all coaches
- ✓ Each team **must** have one adult that is CPR certified on site during practices & games. Certification should be on file with the league
- ✓ If a team obtains their own sponsor, and **not** assigned one, they will receive 2 additional sponsor picks once the sponsor fees are paid in full and prior to the evening of the coaches draw
- ✓ It is **your** responsibility to make sure your coach's picks are correct prior to draw night. Do not expect to fix your picks the night teams are drawn!
- ✓ If one of your picks comes as a pair that **will** be counted as 2 picks **NOT** as one. **NO EXCEPTIONS!**

COACHES INFORMATION:

Name: _____ Contact #: _____
First Middle Last

Address: _____ City: _____ Zip Code: _____

Date of Birth: _____ Sex: Male/Female Drivers License Number: _____

Have you coached Baseball or Softball? (circle) _____ Years Coaching: _____

Where _____ When _____

I would like to Head Coach / Asst Coach (circle which one) _____ Which Age Group: _____

Baseball / Softball (circle which one) _____

Who would you like to coach with you?

Name: _____

Contact #: _____

(1 coaches pick)

Do you have a Team Sponsor? Yes or No

Company Name: _____

Contact Person: _____

Contact #: _____

Please take a sponsor form to have your sponsor fill out and turn in

COACHES/SPONSOR PICKS:

If you are selected to coach list your player selections

Head Coach Selection

Player Name: _____ Birthday: _____

Asst. Coach Selection

Player Name: _____ Birthday: _____

Sponsor selection available **ONLY** if you obtain your own sponsor, if you were assigned a sponsor you **do not** receive sponsor picks

Sponsor Selection

Player #1 Name: _____ Birthday: _____

Player #2 Name: _____ Birthday: _____