



FAIRHOPE YOUTH BASEBALL

2016 COACHING APPLICATION

LEAGUE:

NAME: _____

ADDRESS: _____

PHONE: (H) _____ (W) _____ (C) _____

EMAIL: _____

EMPLOYER: _____

PRIOR COACHING EXPERIENCE (YRS) _____ (WHERE) _____

PLAYING EXPERIENCE (YRS) _____ (WHERE) _____

REQUESTED COACHING STAFF

HEAD COACH: _____

1ST ASST COACH: _____

2ND ASST COACH (PN OR TB ONLY) _____

CHILD PLAYING IN LEAGUE: _____ (AGE) _____

CHILD PLAYING IN LEAGUE: _____ (AGE) _____

CHILD PLAYING IN LEAGUE: _____ (AGE) _____

I understand this is a formal request to coach a team in Fairhope Youth Baseball and that coaches will be selected by the Board of Fairhope Youth Baseball based on the number of coaching applicants, the number of teams in each league, and the results of a coaching background check if I am designated to coach a team. I also understand I may serve as a Head Coach in only one league, and that I may serve as Assistant Coach in one other league only.

SIGNATURE: _____

DATE: _____