

2010 BROWNSBURG GIRLS SOFTBALL LEAGUE
STATE and ALL-STAR TEAM MANAGER APPLICATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ ALT PHONE _____

E-MAIL ADDRESS _____

BIRTHDAY ____/____/____ SSN _____

YEARS MANAGED IN BGSL (IF ANY) _____ AGE DIVISIONS _____

YEARS COACHED IN BGSL (IF ANY) _____ AGE DIVISIONS _____

PLEASE PROVIDE PRIOR LEADERSHIP POSITIONS THAT INVOLVED WORKING WITH YOUTH.

DESCRIBE YOUR QUALIFICATIONS TO COACH GIRLS SOFTBALL.

WHY DO YOU WANT TO MANAGE/COACH IN BGSL?

WHAT WILL YOUR GOALS BE IF APPROVED TO BE A MANAGER/COACH?

DO YOU HAVE FIRST AID KNOWLEDGE? YES _____ NO _____

WOULD YOU BE INTERESTED IN MANAGING/COACHING A POST SEASON TEAM? YES _____ NO _____ MAYBE _____

LIST THE NAME AND PHONE NUMBER OF TWO PERSONAL REFERENCES:

HAVE YOU EVER BEEN CONVICTED OF ANY FELONY OR SEX-RELATED OFFENSE? YES _____ NO _____

** IF YES, PLEASE EXPLAIN ON BACK OF FORM **

IF SELECTED TO MANAGE, I WILL OBEY AND ENFORCE ALL RULES AND BYLAWS OF BGSL. I WILL ATTEND MANDATORY ORIENTATION/TRAINING MEETINGS OF BGSL. I ACKNOWLEDGE THAT I HAVE PROVIDED BGSL WITH NECESSARY INFORMATION TO OBTAIN A LIMITED CRIMINAL HISTORY FROM THE INDIANA STATE POLICE. I AFFIRM UNDER PENALTIES OF PERJURY THAT THE FOREGOING IS TRUE.

SIGNATURE _____

DATE _____

SELECT FROM THE FOLLOWING:

COACH PITCH _____

8U _____ 6U _____

SLOWPITCH _____ FAST PITCH _____

10U _____ 12U _____

14U _____ 19U _____