

**Wallingford Little League
Coach/Manager Application**
2017 Season

Name: _____

Address: _____

E-mail: _____

Home Phone: _____ Cell Phone: _____

What level do you wish to be a (choose one): Manager Coach
 T-ball A AA AAA Major 50/70 Jr./Senior

Have you managed or coached in the league before: Yes No
 T-ball A AA AAA Major 50/70 Jr./Senior

Are you willing to attend baseball coaching clinics? Yes No

Briefly list your previous baseball coaching experience: _____

Do you have children in Wallingford Little League? Yes No
What level? T-ball A AA AAA Major 50/70 Jr./Senior

Do you, or have you managed or coached any other sports? Please explain: _____

Do you have any sports medical training? Yes No

Have you played organized baseball? Please explain your experience: _____

Date

Signature