

## **COACHING APPLICATION LEAGUE:**

NAME:			
ADDRESS:			
		(C)	
EMPLOYER:			
PRIOR COACHING EXPERIENCE (YRS)		(WHERE)	
PLAYING EXPERIENCE (YRS)	)	(WHERE)	
REC	UESTED COA	ACHING STAFF	
HEAD COACH:			
2 <sup>ND</sup> ASST COACH (PN OR TB O	ONLY)		
CHILD PLAYING IN LEAGUE:		(AGE)	
CHILD PLAYING IN LEAGUE:	·	(AGE)	
CHILD PLAYING IN LEAGUE:	<u>.                                    </u>	(AGE)	
selected by the Board of Fairhope Yout teams in each league, and the results of	th Baseball based of a coaching backgr	irhope Youth Baseball and that coaches will be on the number of coaching applicants, the number of cound check if I am designated to coach a team. I alue, and that I may serve as Assistant Coach in one	
SIGNATURE:		DATE:	