

CONCORD AMERICAN LITTLE LEAGUE APPLICATION FOR MANAGER/COACH



(PLEASE TYPE OR PRINT)

			E-	-maii :		
1.	NAME:		(First) PHONE: (Home)			
	NAME:(Last)	(First)	Pi (MI)		(Home)	
	DRIVER'S LICENSE NO.: SOCIAL SECURITY NO:					
	HOME ADDRESS:(Number & S			(0)		
	•	,		(City)	(Zip)	
2.	OCCUPATION:	JPATION: COMPANY:				
	BUS. ADDRESS:	reet (Cit	(Zip)	PHONE:	(Work)	
3.	Position you are applying for? (C			Coach	(VVOIN)	
	Division (Age Group) you are interested in? (Circle one if more than one specify choice 1 st , 2 nd , etc.)					
4.						
	(16–18) Big League (13-14)Junio	rs (10-12)Ma	ajors (9-	12) AAA Minors	(8-11) AA Minors	
	(7-10)A Minors (5-7)T-B	all (8-	·12)Softball	(13-16)Big Lea	ague Softball	
5.	Is there a particular team you are	interested in? (Specify):			
6.	Please list your Managing/Coaching experience. (Use back of page if needed)					
	YEAR LEAGUE C	ITY & STATE	DIVISIO	N/AGE GROUP	TEAM NAME	
	, 					
7.	Do you have any children who will be playing this year or in future years in Concord American Little League?					
	(List names and present age)					
	Discontinuo etterin any other information, qualifications at a subjet was feel made to a subject to see the					
	Please attach any other information, qualifications, etc., which you feel may be pertinent to your possible selection as a Manager/Coach.					
	I HEREBY CERTIFY THAT THE ABOVE (AND ATTACHED) INFORMATION AND STATEMENTS ARE TURE AND ACCURATE					
	TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT TO MANAGE OR COACH IN CONCORD AMERICAN LITTLE LEAGUE IS A PRIVILEAGE GRANTED BY THE BOARD OF DIRECTORS. I UNDERSTAND THAT SHOULD I BE SELECTED TO MANAGE OR COACH A					
	TEAM, I MUST ABIDE BY AND ADHERE TO THE RULES AND THE BY-LAWS OF CONCORD AMERICAN LITTLE LEAGUE AND TO RULING AND DECISIONS MADE BY THE BOARD OF DIRECTORS OR OFFICIALS. I UNDERSTAND THAT I MUST ABIDE BY THE RULES AND RECITE AT A SECOND THAT I MAY BE SUBJECT TO A					
	REGULATIONS OF LITTLE LEAGUE BASEBALL, INC. FURTHERMORE, I UNDERSTAND THAT I MAY BE SUBJECT TO A BACKGROUND CHECK THROUGH THE CALIFORNIA STATE CRIMINAL JUSTICE DEPARTMENT COMPUTER FILES.					
	SIGNATURE:		D	ATE:		