

CARMICHAEL LITTLE LEAGUE

Intent to Manage/Coach



Name:

Address:

Home Phone #:

Email address:

Employer:

Occupation:

Work Phone:

Mobile Phone:

Did you manage/coach last spring at CLL?

Y N

If Yes: Division

Team:

If you managed/coached but not at CLL, where?

Do you currently have children playing at CLL?

Y N

Name:

League age/division:

Name:

League age/division:

Why do you want to manage/coach at CLL?

Coaching experience if any:

Would you prefer to Manage or Coach (circle one)?

What age group? Farm M-B M-A Maj Jr Sr

If needed, would you consider managing a team?

Y N

Are you willing to attend all required meetings and clinics?

Y N

Are you First Aid or CPR Certified?

Y N

Are you willing to be certified by attending training?

Y N

References: (see following page/reverse)

Please provide 3 people (no spouses please) who we can contact including any from other youth organizations that you have volunteered with:

Name/Phone:

Name/Phone:

Name/Phone:

Signature:

Date:

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