CONCORD AMERICAN LITTLE LEAGUE
APPLICATION FOR MANAGER OR COACH
(PLEASE TYPE OR PRINT)

E-mail :_____
PHONE: *(Home)*_____
PHONE: *(Cell)*_____

1. NAME:_____
(Last) *(First)* *(MI)*

DRIVER'S LICENSE NO.: _____ SOCIAL SECURITY NO:_____

HOME ADDRESS: _____
(Number & Street) *(City)* *(Zip)*

2. OCCUPATION: _____ COMPANY: _____

BUS. ADDRESS: _____ PHONE: _____
(Number & Street *(City)* *(Zip)* *(Work)*

3. Position you are applying for? (Circle One) Manager Coach

4. Division (Age Group) you are interested in? (Circle one if more than one specify choice 1st, 2nd, etc.)

(16–18) Big League (14-16) Seniors (13-14) Juniors (10-12) Majors (9-12) AAA Minors

(8-9) AA Minors (7-8)A Minors (5-7)T-Ball Challenger Division

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	CITY & STATE	DIVISION/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)
_____
_____

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 RULINGS AND DECISIONS MADE BY THE BOARD OF DIRECTORS OR OFFICIALS. I UNDERSTAND THAT I MUST ABIDE BY THE RULES AND 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: _____ DATE: _____