



Baseball Manager/Coaches application

Name:	<input type="text"/>	Date:	<input type="text"/>
Address:	<input type="text"/>	Team Name (request)	<input type="text"/>
E-mail:	<input type="text"/>	Class/Division:	<input type="text"/>
Telephone:	<input type="text"/>	Active HVLAC Member (yrs)	<input type="text"/>
Position Applying For: (Please circle one of the following: Head Coach / Manager / Assistant Coach)			
Shirt Size Small Medium Large Xlarge XXlarge			

Playing Experience in sport applying for outside of HVLAC:

Coaching Experience in sport applying for with HVLAC:

Meetings, Seminars, Camps, etc. (as deemed applicable):

By signing this document or submitting this document electronically I acknowledge the following:

- that all of the information on this application is true and correct
- that submitting this application does not automatically guarantee me a coaching position
- that as part of the application process I may be required to participate in a criminal background check, including fingerprinting.

In signing this document and or submitting this electronically I agree to follow the manager/ team baseball rules as they pertain the HVL baseball association as posted on the HVLAC.org website.

Name _____ Birthdate _____ Date _____