

Manager, Coach, Team Volunteer Application Form

Rockledge Little League – 2010 Season

PLEASE PRINT CLEARLY!

Last Name: _____ First: _____ MI: _____

Street: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Pager No. _____ Cell Phone: _____

E-mail address: _____

Sex:(M or F): _____ Date of Birth: _____

Team Volunteer Position (Circle one or more choices):

Manager/Coach Coach Team Parent Scorekeeper

Do you have a current Volunteer Form on file with Rockledge Little League? _____

Division (circle one):

Baseball Tee Ball Baseball Major Softball Coach Pitch

Baseball Coach Pitch Baseball Junior Softball Minor

Baseball Minor Baseball Senior Softball Major

Softball Senior

Please list the name(s) of any person(s) with whom you would like to manage or coach as a team:

Please return completed form to: Betsi Moist, Past President

Home fax: 321.639.6013

e-mail: betsimoist@cfl.rr.com

ATTENTION PROSPECTIVE MANAGERS/COACHES:
DEADLINE for submittal is 5:00 P.M. on SATURDAY, JANUARY 9, 2010