



GREENVILLE LITTLE LEAGUE MANAGER / COACH APPLICATION



Name: _____

Address: _____

Phone: (H) _____ (C) _____

e-Mail: _____

Prior Coaching / Manager Experience (baseball or other sports): _____

Please rank division(s) you wish to **manage**: 1 – 1st Choice, 2 – 2nd choice, etc:

_____ T-Ball (4-7) _____ Coach Pitch (7-8) _____ Mid-Minor (9-10)
_____ Majors (11-12) _____ Juniors (13-14) _____ Seniors (15-16)

Please Read Carefully Before Signing:

1. I acknowledge that if I am selected to manage a team for the Greenville Little League that I will abide by all rules and regulations applicable to my league.
2. I further acknowledge that I will act in an appropriate and responsible manner
3. I acknowledge that I am subject to disciplinary action and immediate removal from this position by the Board of Directors for any conduct that violates the rules or is deemed to be detrimental to the Greenville Little League.
4. I acknowledge that as a manager I am responsible for the continued behavior of my coaches and players and for helping to take care of Greenville Little League resources.

Signature: _____ **Date:** _____