

SOUTH JR DEB SOFTBALL LEAGUE
COACHING APPLICATION

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
E-MAIL ADDRESS: _____
PHONE: _____ TYPE: _____ TEXT: YES/NO
ALT PHONE: _____ TYPE: _____ TEXT: YES / NO
MOBILE CARRIER: _____ PREFERRED CONTACT: EMAIL / PHONE /TEXT

PLEASE CHECK ONE OF THE FOLLOWING:

INSTRUCTIONAL (4-6 YEARS OF AGE) MINOR DIVISION (10-12 YEARS OF AGE)
 FARM (7-9 YEARS OF AGE) MAJOR DIVISION (13-17 YEARS OF AGE)

IF CHOOSING MORE THAN ONE DIVISION, PLEASE RANK YOUR PREFERENCE WITH #1 BEING YOUR FIRST CHOICE.

TYPE OF POSITION (PLEASE CHECK ONE)

HEAD COACH
 ASSISTANT COACH

PLEASE LIST QUALIFICATIONS/COACHING EXPERIENCES:

**BACKGROUND CHECKS WILL BE PERFORMED ON ALL COACHES, ASSISTANT COACHES AND
BOARD MEMBERS**

PLEASE RETURN FORM NO LATER THAN JANUARY 31 TO:

SOUTH JR DEB SOFTBALL
C/O DAWN MELANSON
207 COTTAGE ROAD
MANCHESTER, NH 03103

QUESTIONS, PLEASE CALL DAWN MELANSON 300-6006