

East Long Beach PONY Baseball

Team Manager Application for FALL BALL

Name: _____ Phone (Cell) : _____ (Eve): _____

Address: _____ City: _____ Zip: _____

Email Address: _____

Do you have children playing at ELB Pony? Yes: ____ No: ____ Name: _____

Have you previously managed at ELB Pony? Yes: ____ No: ____ Team/Division: _____

Indicate your preference(s):

Division: _____ 1st Choice: _____ 2nd Choice: _____

Describe any previous managing or coaching experience and/or any experience with youth groups:

AGREEMENT CLAUSE:

I, the undersigned, understand that acceptance of this application by East Long Beach Pony Baseball FALL BALL does not guarantee nor constitute an approval to manage. I further understand that appointment to manage a team at East Long Beach PONY Baseball FALL BALL is contingent upon approval of the FALL Ball director, and that I will be notified of the outcome after the last official day of FALL BALL registration.

I also understand and agree that if I am approved to manage a team I will be required to abide by the East Long Beach Pony Baseball *Manager's Code of Conduct* that I will be receiving upon approval.

Date: _____ Applicant Signature: _____

REVIEWED BY DIVISION DIRECTOR:

Date: _____ Director Signature: _____