

**PBGYAA GIRLS SOFTBALL
RECREATION LEAGUE - MANAGER APPLICATION**

NAME: _____

ADDRESS: _____

Phone Number: HOME: _____ **CELL:** _____

PBGYAA MEMBER: _____ **If Yes, For How Long:** _____

League Age Team Applying For: _____

Have you coached or managed a team before? _____ If yes, indicate where, when and what age, type of team, elaborate on you personal playing experience and managing/coaching experience etc.

Comments: (Why do you want this team? What are your plans and goals?)

If awarded a team, do you agree to abide the league's rules of conduct? _____

If awarded a team, do you agree to attend the NYSCA Certification class and all league mandatory coaches clinics? _____

If awarded a team, do you agree to commit your efforts toward providing a quality experience for all the girls on your team and those playing within the PBGYAA Softball program? _____

Signature: _____

Date: _____