

Desoto Baseball Organization

Coach / Asst. Coach / Manager Application

Please Print Information

_____	_____	_____	_____/_____/_____ Date Of Birth - Mo / Day / Year
Last Name	First Name	M.I.	
_____	_____	_____	_____/_____ State Zip Code
Street Address	City	State	
_____	_____	_____	_____
Social Security Number	Home Phone Number (s)	Cell Phone Number (s)	
_____	_____	_____	_____
Texas Drivers License Number	Work Phone Number (s)	E-Mail Address	

Requested Position:	<input type="checkbox"/> Head Coach	<input type="checkbox"/> Assistant Coach
Requested Division:	<input type="checkbox"/> T-Ball (ages 4-6)	<input type="checkbox"/> Coach Pitch ages (7-8)
	<input type="checkbox"/> Kid Pitch (ages 9-14)	<input type="checkbox"/> Select Ball (all ages)
Do you have a child participating in DYBL?	YES	NO
If YES how many and what age?	_____	
Please list the years, teams, and divisions that you have coached within DYBL:	_____	

Please list any other coaching experience that you may have:	_____	

If you are a RETURNING coach which of the following do you intend to do?
<input type="checkbox"/> Coach the same group as last season (Team Name and division: _____)
<input type="checkbox"/> Create a New Team <input type="checkbox"/> Create a Select Team
If you are a NEW coach, which of the following do you intend to do?
<input type="checkbox"/> Create a New Team <input type="checkbox"/> Take over an existing team of last seasons players who no longer have a coach.

Please list at least two (2) individuals (other than relatives) that the DYBL Board may contact as references:
Name: _____ Phone Number: _____
Name: _____ Phone Number: _____