

**EAST COBB BASEBALL
TEAM MANAGER/HEAD COACH'S APPLICATION**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone # _____ Wk# _____

Cell# _____ Fax# _____

E-Mail _____ Age group and team name that you would like to manage _____

Assistant Coaches: Names/phone #s _____

Do you need a practice field? _____ Do you have a game facility that can be utilized?

Background in Coaching Youth Sports:

(Mgr. or asst. coach)	Date(s)	League(s)	Age(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Your playing experience:

References: Name and phone #

By accepting the position of Manager or coach of a team at East Cobb Baseball, I agree to follow all rules and regulations set forth by East Cobb Baseball. I agree to conduct myself in a sportsmanlike manner at all times and to the best of my ability teach my players the same. I understand that under no circumstance will the use of alcoholic beverages or any controlled substance other than a drug prescribed by a physician be allowed while I am coaching or directly responsible for the players on my team. No alcoholic beverages or controlled substances will be allowed on County property or on the property of the East Cobb Baseball Complex. I agree to complete and abide by the requirements listed in the ECB Manager's agreement. By signing this application, I hereby verify that the information provided is true and correct.

Signed

Date

Printed Name

Fax this form along with the Background Check Consent form to 770-514-6058 or mail to:
East Cobb Baseball 111 N. Lakeside Dr. NW Kennesaw, Ga. 30144