



*JENKS GIRLS SOFTBALL FEDERATION, INC.*

P.O. BOX 949, JENKS, OK 74037, (918) 298-2208

<http://www.jenkssoftball.com>

**INTENT TO MANAGE FOR YEAR \_\_\_\_\_**

In accordance with the Rules and Regulations of JGSF, if you plan on managing a team for the next playing season, submit this form by February 10<sup>th</sup>. All Managers must be NYSCA certified for the current season.

I plan to direct a team in the \_\_\_\_\_ & under age group.

TEAM NAME (if known): \_\_\_\_\_

PRINT MANAGER'S NAME: \_\_\_\_\_

MANAGER'S ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

DRIVER'S LICENSE # AND STATE: \_\_\_\_\_

Is this a new team or existing team changing managers? \_\_\_\_\_

If changing managers, who was previous manager? \_\_\_\_\_

Any felony convictions? \_\_\_\_\_. If yes, please explain: \_\_\_\_\_

MANAGER'S NAME: \_\_\_\_\_

MANAGER'S SIGNATURE: \_\_\_\_\_

(Authorizes background check)

DATE SIGNED: \_\_\_\_\_