

Monroe Youth Baseball Association

MANAGER/COACH'S APPLICATION

INFORMATION TO BE PROVIDED BY ALL COACHES/MANAGERS:

Full Name: _____ Home Phone: _____

Address _____ Work Phone: _____

City/State: _____ Zip Code: _____

Emergency Phone: _____ Cell #: _____

E-mail: _____

Are there any restrictions on calling you at work? _____

Do you have a son(s) in the program? _____ If yes, state ages. _____

In what league are you applying to coach? (Circle one)

Baseball: 5/6(T-Ball)

7/8(Pitching Machine)

9/10(Dixie Youth)

11/12(Dixie Minor)

13/14(Dixie Boys)

15/19(Dixie Majors)

Are you available for the entire baseball season? _____ If No, Explain: _____

If you are a returning coach, what team and in what league did you coach? _____

For All Applicants:

Previous experience in managing or coaching in sports programs, including church, school, or other community programs:

Name, address and phone number of two personal references:(one reference must be an MYBA Member)

1. _____
2. _____

PHILOSOPHY (Must be completed for the application to be considered):

Our goal is to provide a baseball program that gives all youth in its boundary the opportunity to play the great national pastime while providing the best adult leadership available. The role of the managers and coaches include not only instruction in playing skills, but by example, teaching the importance of hard work, self-discipline, courtesy, dignity, and good sportsmanship.

Every coach/manager and assistant coaches are required to attend a Coach's Clinic that will be provided by MYBA before the baseball season. Date, Time, and Place will be provided. This clinic is **mandatory** to all coaches who coach in our program.

Applicant's Signature

Date

Please mail all applications to:

MYBA
Attention: Coach Selection Committee
P.O. Box 14826
Monroe, LA 71207-4826

Or Hand Deliver to: Jim Tonore, Eric Thibodeaux, or John Boudreaux