

# HOPE BASEBALL/SOFTBALL ASSOCIATION COACHES APPLICATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_ TEXT MSG: Y / N

PHONE \_\_\_\_\_ (BEST NUMBER TO GET IN CONTACT)

APPLYING AS HEAD COACH? YES \_\_\_\_\_ NO \_\_\_\_\_

IF HEAD COACH, LIST 1 ASST. COACH \_\_\_\_\_

**AGE GROUP:**

4-6 TEE BALL (BOY) \_\_\_\_\_

6U TEE BALL (GIRL) \_\_\_\_\_

8U BASEBALL \_\_\_\_\_

8U SOFTBALL \_\_\_\_\_

10U BASEBALL \_\_\_\_\_

10U SOFTBALL \_\_\_\_\_

12U BASEBALL \_\_\_\_\_

16U SOFTBALL \_\_\_\_\_

14U BASEBALL \_\_\_\_\_

HAVE YOU COACHED IN THE ASSOCIATION  
BEFORE? \_\_\_\_\_

Upon signing this form, I authorize the Hope Baseball/Softball Association to  
perform a full background check in traffic and criminal offenses.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SSN \_\_\_\_\_

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