

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

PHONE:(HOME) _____ (WORK) _____ (CELL) _____

EMPLOYED BY: _____

CAN YOU BE CONTACTED AT WORK? _____ HOURS: _____ TO _____

HAVE YOU EVER COACHED OR ASSISTED IN A PROGRAM? _____

IF YES, WHERE? _____

WHAT ARE YOU REQUESTING TO COACH (select all that apply):

Pre-T (3-4)

Head Assist

Shetland (4-6)

Head Assist

Pinto (7-8)

Head Assist

Mustang (9-10)

Head Assist

Bronco (11-12)

Head Assist

Pony (13-14)

Head Assist

List others that you wish to coach with.

Have you ever served a suspension as a coach or have been suspended from a park or recreation facility? YES NO If YES, please explain on the back of this form.

Are you willing to practice on Wednesday? _____

All coaching requests must be approved by the Winston Baseball Board of Directors. Coaches are subject to disciplinary actions for unsportsmanlike conduct and for the use of tobacco products, alcoholic beverages or any controlled substance while coaching or directly responsible for players. The Board of Directors thanks you for your willingness to volunteer.

Signed: _____ Date: _____

Please return this form to:
Winston Baseball
PO Box 552
Winston, Georgia 30187

League Use Only

- Approved
 Disapproved

By: _____

Date: _____