

Travel Baseball Manager Application

Name:				_
Address:				_
City:		State:	Zip:	_
	e:			
Date of Birt	h:	Son's Name:		
accepted, to understand Manager for to uphold th	o serve at the discre and agree that is bo r not performing the ne position of Manag	etion and direction of the oth the right and duty of assigned duties and re er in a manner consiste	mburg Athletic Associat e Travel Baseball Comn f these Commissioners t esponsibilities of the pos ent with the objectives o condone any action de	nissioners. You to replace a sition. You agree f the program
Please prov	vide the SAA evaluat	ion ranking for your so	n for the previous 2 year	rs:
Year old	league:	Year old league:		
SAA Manag	ing Experience:			
Year: _	Age:	Team: _		
Coaches: Other Famil	lies on Team:			
Year: _ Coaches:				
Other Famil	lies on Team:			
Year: _	Age:	Team:		-
Coaches:				
Other Famil	lies on Team:			
Year: _	Age:	Team:		-
Coaches:	·			
Other Famil	lies on Team:			
(Use addition	onal sheets if needed	d)		

Please answer the following questions, using additional paper if needed:
What age group are you applying to Manage?
Do you have someone in mind for assistant(s), please list his/her name(s)?
Will you be managing/coaching or applying to manage/coach more than one team? Tournament and In-House? Travel and In-House?
Why do you want to manage a travel baseball team?
What is the most important to you about managing a travel baseball team?
Explain why you feel qualified for this position?
Explain your plans for a successful season?
Signature: Date

Mail this form to the SAA Office or email to Head Commissioner of travel Baseball. Also attach a copy of your in-house schedule with this application