

# HEAD COACH & ASSISTANT COACH APPLICATION FORM

BLAINE YOUTH BASEBALL/FAST PITCH  
2677 BELL ROAD  
BLAINE, WA 98230

☐ Head Coach  
☐ Assistant Coach

## Please Print All Information Clearly

Coach's Name:	_____	Age:(optional)	_____
Address:	_____	E-mail Address:	_____
City/State:	_____	Cell Phone:	_____
Zip Code:	_____	Work Phone:	_____
Home Phone:	_____	Home Phone:	_____

## Do You Have Children Playing?

Child's Name	Child's Team	Date of Birth
_____	_____	_____

## Check Program Preference & Level

T-ball	<input type="checkbox"/>	Rookies	<input type="checkbox"/>	Minors	<input type="checkbox"/>	Majors	<input type="checkbox"/>
		8U	<input type="checkbox"/>	10U	<input type="checkbox"/>	12U	<input type="checkbox"/>

## Coaching Experience:

Organization	Team	Position	From Date to Date
_____	_____	_____	_____
Organization	Team	Position	From Date to Date
_____	_____	_____	_____

## Playing Experience:

Organization	Team	Position	From Date to Date
_____	_____	_____	_____
Organization	Team	Position	From Date to Date
_____	_____	_____	_____

## Coaching References:

Name	Phone
_____	_____
Name	Phone
_____	_____

## Authorization:

Will you allow a background check by BYBF? ☐ Yes ☐ No

Signature	Date
_____	_____

Please Mail To:	BYBF	Questions – Call	e-mail to:
	2677 Bell Road 2677	(360) 332-5335	<a href="mailto:bybfboard@hotmail.com">bybfboard@hotmail.com</a>
	Blaine, WA 98230		

If you feel there is additional information which is relevant, please attach the information to this application.