



Cloverdale Minor Baseball

Application to Coach a Spring or Summer Team

I, _____ (print) officially apply to coach the following division for the season:

I am applying to coach the following spring season team

<input type="checkbox"/> Blastball	<input type="checkbox"/> Super-T	<input type="checkbox"/> Mosquito	<input type="checkbox"/> Pee Wee AA	<input type="checkbox"/> Bantam AA	<input type="checkbox"/> Midget AA
<input type="checkbox"/> T-Ball	<input type="checkbox"/> Tadpole	<input type="checkbox"/> Pee Wee A	<input type="checkbox"/> Bantam A	<input type="checkbox"/> Bantam AAA	<input type="checkbox"/> Midget AAA

I am applying to coach the following summer ball team

<input type="checkbox"/> Tadpole 8U	<input type="checkbox"/> Tadpole 9U	<input type="checkbox"/> Mosquito A	<input type="checkbox"/> Pee Wee A	<input type="checkbox"/> Pee Wee AAA	<input type="checkbox"/> Bantam AA
<input type="checkbox"/> Mosquito AAA Tier 1	<input type="checkbox"/> Mosquito AAA Tier 2	<input type="checkbox"/> Pee Wee AA	<input type="checkbox"/> Bantam A	<input type="checkbox"/> Midget AA	

My coaching experience is as follows:

(Please use the back of the paper for any further information.)

NCCP Passport # _____

- | | | | |
|--------------|----------------------------------|------------------------------------|--|
| Fundamentals | <input type="checkbox"/> Trained | | |
| 11U | <input type="checkbox"/> Trained | | |
| 13U | <input type="checkbox"/> Trained | <input type="checkbox"/> Certified | |
| 15U | <input type="checkbox"/> Trained | <input type="checkbox"/> Certified | |
| 16U+ | <input type="checkbox"/> Trained | <input type="checkbox"/> Certified | |

I plan to coach with _____

Cloverdale Minor Baseball will require all coaches to undergo a criminal check. Please see the Coaches Information page of the CMBA web site (www.cloverdalebaseball.com) for more information. This check must be completed prior to the start of the season.

Contact Information:

Address: _____

Home #: _____ Work #: _____ Cell #: _____

Email: _____

Date: _____ Signature: _____

Please forward all completed applications to the attention of the CMBA Secretary **AND** Division Coordinator