

## Clarkston Youth Baseball Organization 2018 Head Coaching Application

Name				Date of B	Birth
	rst	Middle	Last		
Address				Email_	
City/State			_Zip Code	Telephone	
REFERENCES Instructions: Plea Nan	ase provide the name, a	address and telephone nu	umbers of a least three Address, City, Zip	(3) individuals who we may contact $T\epsilon$	et about your selection as a Coach. Alephone Number
Have you eve	r been convicted o	of a felony?	Yes No	If yes, please explain:	
to assist in winter	conditioning sessions	that may be scheduled d	uring the off season or	attend a coaching clinic sponsored	zation. Successful candidates would be expected by the Clarkston Youth Baseball Organization.
I have read all of a completed.	the material contained	on this form, and, I under	rstand and am in agree	ment with all that I have read. I fur	ther understand that a background check may be
Signature			Date		
Driver's License	e #		Socia	I Security #	
Age Level You	Wish To Coach:	Year Old Team	า		
COACHING/BA	ASEBALL EXPERIE	NCE: TEAM/LEAGUE		POSITION HELD	<u>AGES</u>
CLINICS ATTE					
					II/softball specifically and what attributes you feel
	g to coaching.				

Return completed application by <u>July 1, 2017</u> TO: The Clarkston Youth Baseball Organization, PO Box 1153, Clarkston, MI 48347 or emailed to doug.brady@plantemoran.com.