

Clarkston Youth Baseball Organization 2024 Head Coaching Application

Name		Date of Birth		
First	Middle	Last		
Address			Email	
City/State		Zip Code	Telephone	
REFERENCES:				
Instructions: Please provide the r	name, address and telephon		e (3) individuals who we may contact a D Tele	
IVAITIC		Address, City, Zi	ρ 1616	spriore Number
Have you ever been convi	icted of a felony?	Yes No	If yes, please explain:	
to assist in winter conditioning se	ssions that may be schedule	ed during the off season of	r attend a coaching clinic sponsored by	tion. Successful candidates would be expecte the Clarkston Youth Baseball Organization. er understand that a background check may be
Signature		Date		
Driver's License #		Soc	ial Security#	
Age Level You Wish To Coad	ch: Year Old T	eam		
COACHING/BASEBALL EX				
<u>YEAR</u>	<u>TEAM/LEAG</u>	<u>UE</u>	POSITION HELD	<u>AGES</u>
				
				
CLINICS ATTENDED: <u>YEAR</u>	LOCATION	<u>LEVI</u>	<u>=L</u>	
				
COACHING PHIL OSOPHY: INSTRUCTIONS: In 50 you bring to coaching.	words or less, express your	personal philosophy as it	relates to sports in general, baseball/s	softball specifically and what attributes you fee