

Long Beach PONY Baseball

Team Manager Application

Name: _____ Phone (Cell) : _____ (Eve): _____

Address: _____ City: _____ Zip: _____

Email: _____

Do you have children playing at LB Pony? Yes: _____ No: _____ Name: _____

Have you previously managed at LB Pony? Yes: _____ No: _____ Team: _____

I am a (Please check one):

Returning Manager Coach of Record New Manager

Please list the available team you would like to take over: _____

Indicate your preference(s):

Team Name: 1st Choice: _____ 2nd Choice: _____

Describe any previous managing or coaching experience and/or any experience with youth groups:

AGREEMENT CLAUSE:

I, the undersigned, understand that acceptance of this application by Long Beach Pony Baseball does not guarantee nor constitute an approval to manage. I further understand that appointment to manage a team at Long Beach PONY Baseball is contingent upon approval of the Board of Directors, and that I will be notified of the outcome within 2 days of the Board's decision.

I also understand and agree that if I am approved to manage a team, I will be expected to perform my regular coaching duties in accordance with the Long Beach Pony Baseball *Manager's Responsibilities Policy* and that I will be required to sign and abide by the Long Beach Pony Baseball *Manager's Code of Conduct*.

PLEASE BE AWARE

This application is due per the deadline posted on the league website. Board approval voting will take place after manager interviews scheduled for December '17. If this application is not turned in by the deadline, you may not be considered eligible for management of a team.

Date: _____ Applicant Signature: _____

REVIEWED BY PLAYER AGENT:

Date: _____ Player Agent Signature: _____