Long Beach PONY Baseball

Team Manager Application

Name:	Ph	one (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 Manage	er	
Please list the available team you would like to take	over:			
Indicate your preference(s):				
Team Name: 1 st Choice:		2 nd Choice:		
Describe any previous managing or coaching experi	ience and	l/or any experience	with youth groups:	
AGREEMENT CLAUSE:				
I, the undersigned, understand that acceptance of nor constitute an approval to manage. I further und Baseball is contingent upon approval of the Board of the Board's decision.	lerstand t	hat appointment to	manage a team at Long Beach PC	YNC
I also understand and agree that if I am approved to duties in accordance with the Long Beach Pony Bassign and abide by the Long Beach Pony Baseball <i>M</i>	seball <i>Ma</i>	nager's Responsibi		
PLE This application is due per the deadline voting will take place after manager inte application is not turned in by the deadl management of a team.	postec erviews	scheduled for	December '16. If this	
Date: Applicant Signature:				
REVIEWED BY PLAYER AGENT:				
Date: Pla	ver Agent	Signature:		

Adopted: 11/2015 Approved: 11/12/2015