Cape Coral Softball Application to Manager 2018 All-Star Team

APPLICATION PROCESS:

Managers/coaches who would like to be considered for selection to an All-Star Team must consider the following:

- You must have Managed/Coached a regular season team
- You must be available for ALL PRACTICES AND GAMES during the ENTIRE PERIOD
- Games may go through the middle of August
- Complete the application and submit to President by <u>Sunday, May 27th</u>. Applications can be dropped in the box in the clubhouse during this week's games or emailed to <u>secretary@capecoralsoftball.com</u>

SELECTION PROCESS:

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- Managers and Coaches will be selected to the team for which they are eligible
 Minor Managers are only eligible to manage/coach the 8/9/10 team and/or 9/10/11
- There will be (1) manager and (2) coaches appointed to each team.
- The selection of All-Star Team Managers is made by the CCSB Board of Directors
- Once selected, Managers will present their desired roster to the Board for final approval

Name:		Date:	
Home Phone:	Cell Phone:	Work Phone:	
Email Address:			
Please list your daughter's nan	ne and age [if applicable]:		
Rec. Team Name:	т	Feam Division:	
Applying for – Check one:	☐ Manager ☐ Coach		
		☐ Juniors (13/14) ☐ Seniors (13-16)	
State why you would like to N	lanage/Coach an All-Star team:		
	r Team requires a philosophy to witeam. Please explain how you will a	in, have fun and make this experience a rewarding one address each of these issues:	for
List all of your previous Mana	ging/Coaching experience:		

Selection of All-Star Managers and Coaches are made by the Board of Directors of Cape Coral Softball. All decisions are final and are not subject to appeal. I agree to abide by the selection process and if selected, agree to represent Cape Coral Softball in the best possible manner and in the interest of CCSB and the players. I understand that CCSB's Board of Directors reserve the right to remove me from my All-Star position should I exhibit behavior that poorly reflects on the league.

I agree to attend any/all All-Star related meetings. I agree to maintain good communication with my parents and players and to notify them of all the practices. I agree to notify the BOD if a player exceeds two unexcused absences from scheduled practices. I understand that there will be mandatory fundraising that will take place on a weekend, and that I am responsible for my team's participation. I agree to return league issued equipment at the conclusion of the All-Star season.

Signed:	Printed Name:	Date:
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