

2019 ONLL All Star Manager Application Form

PO Box 6396 Oceanside, CA 92052 760-757-6655



Name:			Home Phone	:
Address:	:Work Phone:			
City:	State:	Zip Code:	Mobile Phone	2:
Name:		Age:	Division playe	ed in 2019:
Name:		Age:	Division playe	ed in 2019:
8/9/1	0 10/11	11/12	Intermediate	Juniors
Team:		League:	Positi	ion Held:
Please indicate you	r understanding of Little Le	ague baseball tourn	nament rules: Goo	od Average Poor
Please list managing	g or coaching experience s	pecific to tourname	nt play:	
Please use the space	e below to explain why yo	u should be selected	d to manage an All Star / 1	Fournament team:
		_		("ONLL"). I understand it is a private that the distance of O
				onsistent with the tradition of O ules set forth by ONLL and Little
seball. I understand	that I may be subject to	disciplinary action,	including dismissal of m	y volunteer position at any time
esident and Board of	Directors of the League m	ay determine neces	sary.	
Signature:Date: _				Date: