SANTA CRUZ LITTLE LEAGUE – MANAGER INTEREST FORM

| DIVISION INTER | RESTED IN: | | | |
|--|------------------------------|----------------------|-------------------------|----|
| NAME: | | | | |
| EMAIL: | | | | |
| PHONE: | | | | |
| MANAGING/COACHING EXPERIENCE – List most current first. Include other youth organizations. | | | | |
| YEAR | NAME OF LEAGUE | DIVISION/TEAM | POSITION | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| PLEASE LIST TWO REFERENCES WHO KNOW YOU AS A COACH OR MANAGER: NAME: ORGANIZATION: PHONE: | | | | |
| NAME: | ORGANIZ | ORGANIZATION: | | |
| WRITE A BRIE SCLL: | F STATEMENT THAT SUMS UP Y | OUR REASON FOR WAN | TING TO MANAGE A TEAM I | OR |
| LIST NAMES A | AND AGES OF CHILDREN IN SCLL | AND DIVISION THEY WI | LL BE TRYING OUT FOR: | |

NOTE: MANAGERS ARE REQUIRED TO PARTICIPATE IN THE MANDATORY MANAGER/COACH INSTRUCTIONAL BASEBALL CLINIC AND A MANDATORY LITTLE LEAGUE FIRST AID AND SAFETY CLINIC (Dates and times TBD). MANAGERS FOR MAJORS, AAA AND AA WILL ALSO BE REQUIRED TO ATTEND EVALUATIONS AND DRAFT (Dates will be announced at interviews).