



## ALL STAR/TRAVEL COACH APPLICATION

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Coaching position of interest                      **HEAD**                      **ASSISTANT**                      **EITHER**

Age group of interest                                      **7Y**                      **8Y**                      **9Y**                      **10Y**

Current affiliation within the league (coach, officer, parent, etc)

\_\_\_\_\_

Do you have any official coaching/professional certifications?    **NO**    **YES**    (if YES, please list below)

\_\_\_\_\_

Please provide a short description of any other relevant coaching experience or other qualifications the Board should recognize when considering you for a coaching position:

Please email completed application to the Halfmoon Baseball Board of Directors at [halfmoonbbl@gmail.com](mailto:halfmoonbbl@gmail.com)