



Warwick Little League

P.O. Box 153
Warwick, NY 10990
Tel: (845) 987-1754

www.warwickbaseball.com



League President,

I wish to be considered for a team position for the 2010 season. I fully understand that this position must be re applied and renewed on a season to season basis. I must attend one of the safety clinics and successfully pass a background check that the Warwick Little League uses. If I am to assist on more than one team; then I will fill out an application for each team. I will indicate if more than one application was filled out and for what division. I fully understand that this position is appointed by the president and must get approval of the Board of Directors. All applications should be handed in or mailed by November 30th for a timely consideration.

Full Name (Print) _____ Home Phone: _____

E-Mail _____ Cell Phone: _____

Position to apply: Manager (Runs the Team): _____ Coach (Asst the Mgr): _____ Either one: _____

Please indicate division: Select only one: _____ Boys _____ Girls _____

(T-Ball 5/6yr, Inst 1 6/7yr, Inst 2 7/8yr, Minors 9/10yr, Majors 11/12yr, Junior 13/14yr and Senior 14-16yr)

Previous Little League Experience: (indicate most recent)

Division / Yr: _____ Position: _____ Team: _____

Previous other Experience:

Type of Sport: _____ Age Level: _____ Position Held: _____

Type of Sport: _____ Age Level: _____ Position Held: _____

Please indicate any references below:

Name: _____ Phone # _____

Name: _____ Phone # _____

Do you have another League application? _____

Division: _____ Position: _____ Division: _____ Position: _____

Approved for following: To be filled out by President and requires Board Approval.

Division: _____ Team Assigned: _____ Position _____

President Initials: _____ Board Member Initials: _____