



# Tri-Valley Little League Manager/Coach Application

Print Full Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Explain coaching experience: \_\_\_\_\_

\_\_\_\_\_

Coach Preference: Manager: \_\_\_\_\_ Coach: \_\_\_\_\_ Division: \_\_\_\_\_

Baseball: \_\_\_\_\_ Softball: \_\_\_\_\_ Team Color Request: \_\_\_\_\_

I have read the attached "Tri-Valley Little League Manager/ Coach Agreement" and understand what will be expected of me and that I will be held accountable for my actions. I will attend the mandatory Coaches' Training Meeting, read the Safety Plan (ASAP), be familiar with and comply with the Little League Rulebook and Local League Rules for the current year. I agree to a background check, will complete the necessary volunteer application and finger-printing requirements.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return completed form to PO Box 2555, Yucca Valley, CA 92286 or email:

[trivalleylittleleague2020@gmail.com](mailto:trivalleylittleleague2020@gmail.com). Upon completing the mandatory background checks and finger printing clearances, you will be eligible for consideration.

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League Use Only:

Background complete: \_\_\_\_\_ Livescan Cleared: \_\_\_\_\_

Attended Coaches' Training: \_\_\_\_\_ Board Approval: \_\_\_\_\_

Received copy of ASAP, Rule Book & Local League Rules: \_\_\_\_\_