

Santa Ana Girls Softball League Fast-Pitch Softball

P.O. Box 27783 Santa Ana, CA 92799

Website: www.sagsl.net Email: Sagsl08@yahoo.com

Coaches Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Names & ages of children in our program	
Drivers License Number	

***A copy of a valid driver's license or government issued photo i.d. must be submitted if selected.**

Position Desired

Manager Assistant Coach
 Head Coach Any

Division Desired

T Ball 12U
 8U 14U
 10U Any

Experience

Prior SAGSL Coaching? _____ If so, what age group(s)? _____
 Other Coaching experience _____
 What sports have you been involved in? _____

SAGSL requires that all coaches attend several mandatory meetings, including coach's clinics.

If selected as a coach, SAGSL will perform a BACKGROUND CHECK.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a coach, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	