LOS ALTOS Youth Baseball & Softball

2010 MANAGER APPLICATION

Name: _____

Division Requested: _____ Baseball_____ / Softball_____

Prior League Services: (only the last 5-years of service, including FallBall)

Manager/Coach (on field)	Year/Season(s)	Team	League
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Board of Directors	Years:	Position(s):
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Other Services (ie. Auxiliary/Maintenance/Team Parent/Sponsor)

Description	Year	League
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Brief narrative (if needed to help explain):

_____
_____
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Approved by Selection Committee: _____ Date:_____