

Please Print All Information Clearly

Circle Program Preference: *Coach Pitch 6 / Coach Pitch 7/8 / Minor League / Major League*

Name: _____ E-mail Address: _____

Address: _____ Cell Phone: _____

City: _____ Home Phone: _____

Zip Code: _____ Work Phone: _____

Coaching Experience: _____

Coaching References:

Contact Name & Phone No. _____

Contact Name & Phone No. _____

Will you allow a background check by the Baseball League?

(Circle one) Yes / No

Signature

Date

Interested in coaching LYB Travel Select? (Circle preferred division)

7U 8U 9U 10U 11U 12U 13U

****Attach a copy of a valid driver license with photo****

Please Mail To: Lebanon Youth Baseball League PO Box 751 Lebanon, Tn. 37088

Or email to lebanonyouthbaseball@gmail.com

Local League Use Only:

Background check completed on: _____

By: _____

League Official Approval: _____ **Date:** _____