

APPLICATION FOR TOURNAMENT MANAGER 2009

APPLICANT INFORMATION	TOURNAMENT DIVISION
Applicant's Full Name	<input type="checkbox"/> 9/10 American (State)
Address	<input type="checkbox"/> 9/10 National (State)
	<input type="checkbox"/> 10 Only American (State)
City	<input type="checkbox"/> 10 Only National (State)
	<input type="checkbox"/> 11 American (State)
Telephone	<input type="checkbox"/> 11 National (State)
	<input type="checkbox"/> Major American (LLWS)
E-Mail Address	<input type="checkbox"/> Major National (LLWS)
	<input type="checkbox"/> Junior National (World Series)
	<input type="checkbox"/> Junior American (World Series)
Manage/Coach or either?	
Attended Coaching Clinic? Yes No	
Attended Safety Clinic? Yes No	
Fulfilled Umpire Duties? Yes No	

I am 100% committed to Little League Inc. and Tracy American/National Little League, and I am not in a manager / coach / leadership capacity on any other sport that would compete with my ability to make this 100% commitment. If named to a Post-Season Tournament Play manager / coach position, I promise to uphold the League's Code of Conduct and all Little League tournament rules, including sportsmanship, fair play and respect for the umpires and tournament directors. I further understand that my role is promoting teambuilding and improving the skills of each and every player on the team is as important as playing the game. I also understand that I may jeopardize my role as manager / coach, should the Board of Directors become aware of a conflict of interest, or I, at any time, exhibit behavior that is considered unbecoming a Tracy American/National Little League Manager / Coach as outlined in my regular season information packet.

I also agree to lead practices and play at every game beginning June 15th and will be available to play through August should my team advance through the District, State, Section, Division, Regional and the Little League World Series. I further agree to attend the mandatory late June Manager / Coaches Meeting held by District 67, and am willing to assist the Board of Directors in any capacity necessary to assure that the team's tournament paperwork is accurately and timely completed.

I also agree to return all equipment issued by September 1, 2009. Please complete and return this application by mail ONLY to Tracy Little League, PO BOX 104, Tracy CA 95378.

Applicant Signature

Printed Name

Date

Please answer the following questions:

Are you a member of Tracy American/National Little League?

- Yes
- No

What team(s) are you currently managing/coaching? Please indicate division.

What is your record, to date, _____

How many years have you coached baseball? _____

Please list below any "Tournament Play" experience you have had either as a coach or manager? (Please include TOC's and All Stars, dates and summary of your record. Please list by years.

List any relevant coaching training you have received:

Have you read and understand the selection process for the All Star Manager?

- Yes
- No

Have you read and understand the selection process for the All Star players?

- Yes
- No

If selected as a manager, are you willing to have Board Appointed coach(es) that also applied as a manager for All Stars?

- Yes
- No, Why not?

Please describe below the qualities you are looking for in your assistant coaches?

In your own words, please tell us why we should award you an All Star Team.

A large, empty rectangular box with a thin black border, intended for the user to provide their response to the question above.