

Youth Baseball & Softball Coach's Registration Form

League/Age Division:					
N.T.				i k	
Address:			. 2		
			Sy 2	(E	
City			State	8	Zip
Primary Phone:	Se	condary Phone:			
Email:					
***Please provide a cell phone n games due to weather.	umber as primar	y contact so tha	it we may text y	ou in case of	cancellation of
Your Child's Name:		Child's D.O.	.B.:		
Please answer each question bel	low:				
Are you planning to coach with s	someone else?	YES	NO	(if yes, list	names below)
Coaching with:					
Coaching with:					
Did you coach or assist with a tea	am last year?	YES	NO		lin in
If yes, what league(s)?					5
Do you have a sponsor for your t	team this year?	YES	NO		-
If yes, please list the name of the returned to the Poplar Bluff Park	s and Recreation	n Office.		form be compl	eted and
Sponsor:				-	8 2
In the event you are assigned to o	coach a team ple	ase list your five	e picks below (i	includes coacl	ı's child):
1					
2		_	Coaching	position is not gu	varantood
3			_	position is not gi are selected to co	
4			Re	ecreation Supervi	isor
5				will contact you	