

LEHIGH ACRES LITTLE LEAGUE

Manager All Star Application

Name _____

Phone Number _____

Please select the division you wish to coach. You must coach an age bracket that you coached in for the season, ie. if you coached in the minor division you may not coach all stars 10/11/12, this is considered a major division due to the 12 year olds.

Softball Divisions

8/9/10

9/10/11

10/11/12

13/14/15/16

Baseball Divisions

8/9/10

9/10/11

10/11/12

13/14

15/16

Please circle one in each category, shirt and hat,

Player and Coaches Hat Size: S/M M/L

Coaches Shirt Size: AS AM AL AXL A2X A3X

By signing this form, if you are chosen to manager a team you **MUST**

1. Be available to coach for your Little League team the entire summer if needed.
2. Be committed to your Little League team above all other sports.

Forms **MUST** be returned by May 24, 2019. Any applications returned after that date may **NOT** be accepted.

Signature

Date