

Desloge Community Baseball Coaches Application



The information obtained in this form is for the use of Desloge Community Baseball only.

First Name	Middle	Last
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Address	City
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Home Phone	Cell Phone	Other
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Driver's License/ID #

If you are a parent coaching your own child or that of a spouse/partner, please indicate the child's name here:

SHIRT SIZE **SMALL** **MEDIUM** **LARGE** **X-LARGE** **XX-LARGE** **XXX-LARGE**

I hereby certify that the information on this form is true and complete and I agree and understand that all information on this application is subject to verifications and I consent to release of any information from police and court records to the City of Desloge, Missouri.

Date

Signature

Division

- _____ Tee Ball
- _____ Division 1
- _____ Division 2
- _____ Division 3
- _____ Division 4

If coaching more than one child in more than one division, please fill out a separate application for each -
Thank you.