

Desloge Community Baseball Coaches Application 2024

The information obtained in this form is for the use of Desloge Community Baseball only.
All applicants are not guaranteed to be a head coach.



Division

Div 1 _____

Div 2 _____

Div 3 _____

Div 4 _____

Div 5 _____

If you are coaching
more than one child in
more than one divi-
sion, please fill out a
separate application
for each

First Name

Middle

Last

Address

City

Home Phone

Cell Phone

Other

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:

Coach SHIRT SIZE SMALL MEDIUM LARGE X-LARGE XX-LARGE XXX-LARGE OTHER_____

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 for background check.

Date _____

Signature _____

Coaches will be contacted for meeting time and location.