

# Desloge Community Baseball Coaches Application



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

\_\_\_\_\_  
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:

\_\_\_\_\_

**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.