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 #

Division

_____ Tee Ball

_____ Division I

_____ Division II

_____ Division III

_____ Division IV

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

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 :_____