Jurupa Girls Softball
Manager/Coach Application

Position: Manager: _____ Coach: _____

Season: Spring: _____ All Stars: _____ Fall: _____

Division: 6u _____ 8u _____ 10u _____

12u _____ 14u/High School _____

Name: _____

Address: _____

Phone: _____ Text: Yes: _____ No: _____

Email: _____

Do you have a child playing with Jurupa Girls Softball? Yes: _____ No: _____

Player Name: _____ Division: _____

Have you ever held a Manager/Coach position with JGS? Yes: _____ No: _____

If YES: When: _____ Division: _____

Have you ever been suspended from a youth organization? Yes: _____ No: _____
If YES, please provide details on back of form

By signing this application, I hereby verify that the information provided is true and correct.

Print Name: _____ Date: _____

Signature: _____

If you request to coach with another indivual, please provide the following:
(This person MUST submit a Manager/Coach application as well)

Name: _____

Phone: _____