POWAY GIRLS SOFTBALL LEAGUE, INC.
P.O. BOX 272, POWAY, CA 92064
PHONE: 858-679-1995 WEBSITE: www.pgsl.org

COACHES APPLICATION FORM

POSITION: ☐ Head Coach ☐ Assistant Coach

LEAGUE: ☐ Recreational ☐ All Star ☐ Winterball ☐ Travel

DIVISION: ☐ T-Ball (6U) ☐ Rookies (8U) ☐ Div. 1 (10U)
☐ Div. 2 (12U) ☐ Div. 3 (14U) ☐ Div. 4 (16U)

COACH _____ DATE OF BIRTH _____
Last Name First Name MI

ADDRESS _____
Street City ZIP

HOME PHONE _____ WORK PHONE _____

E-MAIL (You must have an email) _____

OCCUPATION _____ EMPLOYER _____

REFERENCE _____ RELATIONSHIP _____ PHONE _____

REFERENCE _____ RELATIONSHIP _____ PHONE _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES ☐ NO If yes, explain _____

YEARS COACHING YOUTH SPORTS _____ YEARS COACHING SOFTBALL _____ YEARS COACHING IN PGSL _____.

LIST YOUR EXPERIENCE COACHING YOUTH SPORTS _____

LIST YOUR EXPERIENCE PARTICIPATING IN SPORTS _____

DO YOU HAVE ANY CHILDREN IN PGSL? NAMES AND AGES _____

PRINT NAME _____ SIGNATURE _____ DATE _____

FOR LEAGUE USE ONLY

REVIEWED BY _____ DATE _____ ☐ ACCEPTED ☐ DECLINED

COMMENTS _____