

Elizabethtown Area Baseball Commission
COACH
ASST. COACH
TEAM MOM
UMPIRE APPLICATION

COACH/UMPIRE NAME: _____

PLAYER'S NAME: _____

TEAM (If your child is returning to the same team): _____

Address: _____

City: _____ County: _____

Home Phone: _____ Primary Cell: _____

Email Address: _____ Secondary Cell: _____

Social Security # _____ Birthday: _____

Driver's License # _____ State Issued _____ Expiration Date _____

(Please check the appropriate area of interest)

HEAD COACH (\$15.00) _____ ASST. COACH (\$15.00) _____

TEAM MOM (\$15.00) _____ UMPIRE _____

***\$15.00 Coaching/Team Mom fee is for Background Check**

Please list previous coaching/umpire experience: _____

I authorize the EABC to perform a background check: _____

Please sign here

Please mark the league you are interested in coaching or asst. coaching:

T-Ball _____ 6 yr old machine _____ Peanut (7-8) _____

Minor (9-10) _____ Major (11-12) _____ Babe Ruth (13-15) _____

This section for EABC use only...

Fee Collected: \$ _____ League: _____ Team: _____

Method of Payment: _____ Received by: _____