

**Elizabethtown Area Baseball Commission  
COACH**

COACH 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)

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...*

League: \_\_\_\_\_ Team: \_\_\_\_\_

Received by: \_\_\_\_\_