

Oak Ridge Little League
Manager/Coach Request Form

Name: _____

Phone# _____

Email Address _____

Division/Team interested in: _____

Please circle which position you would like: Manager Coach

If you have managed or coached in previous years, please indicate the division, team name and position held _____

Completion of form does not guarantee coaching position. All forms submitted will be reviewed by the Board of Directors. If approved, applicant will be contacted by the Player Agent or the Division Director.

Date Received: _____ By: _____

Date Approved _____ Not Approved _____

Player Agent

Division Director

League President

League Vice President