



Easthampton Little League

P.O. Box 1, Easthampton, MA 01027 – www.easthamptonll.org
"Offering Softball and Baseball for the Youth of Easthampton"



2020 Coaches Application

Please print clearly:

Name: _____ Cell Phone _____

Email: _____

Position Desired: _____ Coach _____ Assistant Coach

Players Name: _____ Players age: _____

Preferred coaching partner? _____

Have you ever played baseball/softball before? ____ Yes ____ No - if yes, how long _____

Have you ever managed or coached sports before? ____ Yes ____ No

Please indicate your understanding of baseball/softball rules ____ Good ____ AVG ____ Poor

Please describe your previous coaching experience (number of years, sports, league)

All Coaches are required to attend our Coaches Clinics and Coaches Meetings

If appointed as a volunteer I agree to abide by the rules, objectives, goals and philosophies of Easthampton Little League and its national partners.

Print Name: _____

Signature: _____