



FALL 2018 SELECT COACH APPLICATION

All interested participants must submit this form to president@westgrovesoftball.com by **August 24, 2018** to be considered as a Select Coach.

Name _____ Division _____

Cell Phone _____ Email _____

How many seasons have you coached (Head or Assistant) at WGGSL? _____

How many seasons have you been a Head Coach or Manager at WGGSL? _____

Have you been a Coach or Manager during All-Star season? _____

If so, when and what division(s)? _____

Do you have any other softball coaching experience? If so, please describe below.

Please describe why you feel you are the best candidate for the Select Coach position.

Please list any coach training you have attended.

Please list all coaching certifications received.

By signing below, I commit to all practices and games during the Fall Select season. I understand my coaching obligations and agree to abide and respect the rules, guidelines, Code of Conduct, and decisions of the West Grove Girls Softball League (WGGSL). I have been background checked by WGGSL and I am in good standing. I will also follow all of the WGGSL and USA Softball coaching guidelines and regulations. I understand that the final decision for this position as Coach lies with the members of the WGGSL Board of Directors.

Signature _____

Date _____