



FISHHAWK BASEBALL CLUB MANAGER APPLICATION

Please Print All Information Clearly:

Name: _____ Email: _____

Home Phone: _____ Cell Phone: _____ Alt. Phone: _____

Address: _____ City: _____ Zip Code: _____

Do you have children playing?

Child's Name _____ Child's Team _____ Date of Birth _____

Child's Name _____ Child's Team _____ Date of Birth _____

Check Program Preference & Level

10U 11U 12U 13U 14U

Do you Have the NYSCA or Hillsborough County Coaching Certification (please attach a copy of your card to this application.). **This will be required along with the FYSA Coaches ID Card.**

Yes No

Authorization:

Will you allow a background check by FYSA Yes No

Coaching Experience:

Organization _____ Team _____ Position _____ From Date to Date _____

Organization _____ Team _____ Position _____ From Date to Date _____

Playing Experience:

Organization _____ Team _____ Position _____ From Date to Date _____

Organization _____ Team _____ Position _____ From Date to Date _____

Coaching References:

Name _____ Phone _____

Name _____ Phone _____

Why are you interested in coaching with the FBC Wolves?

What is your coaching philosophy?

Please provide a copy of one of your practice plans. (Attach a separate sheet, if necessary)

Are you willing to assist in the operations of the FBC Wolves in addition to coaching? _____

In what ways would you be able to assist the organization?

At the age group that you are applying to coach, what would be your goals for:

Player Development:

Team Participation:

Your development as a coach:

Team Goals:

Signature

Date

If you feel there is additional information which is relevant, please attach the information to this application.

Please Note: You may be contacted, by the Director of Baseball, for an interview, if necessary.