

All Star Information and Managers Application

Your Name: _____ Title (Manager, Coach, etc.): _____

Division: _____ Team Name: _____

6U/Shetland Only: (To be completed by Managers ONLY)

The following players on my team deserve a chance to tryout for the All Star Team:

1. _____

2. _____

3. _____

➤ I am interested in being the All Star Manager for the following reasons:

➤ My baseball/softball experience is as follows (may include playing, coaching, etc.):

➤ References (Name and phone):

1. _____

2. _____

3. _____