

# Upper Saddle River Baseball Association

## Travel Baseball

### Manager Application Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

#### Questions:

1. Have you managed any baseball team in the past?

Yes  No

If yes please describe: \_\_\_\_\_

2. What age group are you applying to manage?

7U 8U 9U 10U 11U 12U 13U 14U 15U

3. Have you had any formal baseball training and/or participated in any level of baseball?

Please describe: \_\_\_\_\_

4. Do you have more than 1 child participating in the travel program?

Yes  No

On behalf of the Upper Saddle River Baseball Association we would like to thank you for your interest in the USR baseball program.

All selected managers will be contacted by the Upper Saddle River Baseball Travel Committee. Upon selection you will need to complete the required Coaches Disclosure Statement found on our website.

Thank you,

Edward Cenci  
President