

# Kearney Competitive Girls Softball Association

## New Coach/Team Application Form

**Personal Information:**

**Date of Application:** \_\_\_\_\_

**Name:**

\_\_\_\_\_

Last

First

Middle

**Address:**

\_\_\_\_\_

Street

(Apt)

City/State

Zip

**Contact Information:**

\_\_\_\_\_

Home Phone

Cell Phone

Email

**Proposed Team Age Division:**

\_\_\_\_\_

8U - 10U - 12U - 14U - 16U - 18U

**Proposed Team Name:**

\_\_\_\_\_

**Agree to an interview by members of the KCGSA on my knowledge of the game of softball.**

Yes ( )

No ( )

**Agree to a Background Check:**

Yes ( )

No ( )

**Please list in detail your experience in coaching, mentoring, or teaching youth. If additional space is needed, use back of application.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please provide details on why you want to create your own team and become a member of the KCGSA.**

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**Define what competitive softball means to you:**

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**How important is winning to you?**

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**References: Please list two.**

Name	Phone Number
Name	Phone Number

Application needs to be submitted to the KCGSA President by December 15 if coach/team plans to participate in summer play.

Application needs to be submitted to the KCGSA President by August 1 if coach/team plans to participate in fall play.