

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.

Define what competitive softball means to you:

How important is winning to you?

References: Please list two.

Name	Phone Number
Name	Phone Number

Application needs to be submitted to the KCGSA President. You will need to attend a quarterly meeting and pledge your team to be a member of KCGSA and that you agree to the By-laws, Coaches Handbook and USA & USSSA rules.