

COACHING APPLICATION

Please fill in this form and upon completion email it to:

tblathletics@ocbfchurch.org

PLEASE COMPLETE THIS FORM IN ALL CAPS

Your Name:	
T-shirt Size (click to choose size): NONE	
Head Coach <input type="checkbox"/>	Assistant Coach <input type="checkbox"/>
Team Name and Age Group (only if you have a team)	
Address:	
City:	Zip:
Cell Phone:	Home Phone:
Work Phone:	E-mail Address:

Please Read the following carefully and then check the box:

TEAM NAME (only if you have a team)

Boys Girls Age Division (click or write on box to choose) NONE

I understand that I can obtain the TBL rules online at quickscores.com/ocbfchurch

I agree to adhere to all of the rules as written without exception

I understand that any rule not written or stated is left to the discretion of the A.D.

I accept responsibility for the conduct and actions of myself and or my team

By checking this box I agree that this will substitute as my original signature

Date: