



Orangecrest Pony

Request to Manage Form

The purpose of this form is to assist the league in determining how many managers are available for the upcoming season. This form is for those who want to manage only.

Note: Submission of this form does not guarantee you will be given a team. Manager selection will be based on the actual number of teams and at the discretion of the board.

Requesting Manger: _____

Home Phone: _____ Cell Phone: _____

email address: _____

SELECT WHICH DIVISION							
Shetland (4-6 yr olds)		Pinto (7-8 yr olds)		Mustang (9-10) yr olds	Bronco (11-12) yr olds	Pony (13-14 yr olds)	Colt/Palomino (15-19 yr olds)
American (T-Ball)	National (Machine Pitch)	American (Coach Pitch)	National (Kid Pitch)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Are you a returning Orangecrest Pony manager from the last season? Y N

If yes, which division: _____ Team: _____

LIST OF PRIOR EXPERIENCE				
League or Organization	City	State	# of years	Age Group

If you have a list of 'locked' players, list them below:

- | | | |
|----------|----------|----------|
| 1. _____ | 3. _____ | 5. _____ |
| 2. _____ | 4. _____ | 6. _____ |
| 7. _____ | | |

Submit your completed form to the appropriate division coordinator.

A background check will be required for all board approved managers.

Background Check Authorization Form

(this form to be filled by the individual whose background is to be checked)

First Name: _____ Middle Name: _____

Last Name: _____

Other name(s) used in the past: _____

Gender: _____ Date of Birth: _____ Place of Birth: _____

Race: _____

Address: _____

State/Providence: _____ Country: _____ Zip Code: _____

Cell Phone #: () _____ Home Phone #: () _____

Social Security #: _____

Driver License #: _____ State _____

Have you been convicted or accused of any sex offender or crimes against children? _____

I hereby give Orangecrest Pony Baseball, Inc. to run a background check on the information provided in this form.

Signature: _____ Date: _____

Print Name: _____

Team: _____

Division: _____