

NKCA BASEBALL LEAGUE, INC.

Manager and Team Registration Form 2009

Name of Team _____ League (Age Group) _____

	Name	Address	City	Zip	Phone #	Email
Manager						
Coach						
Coach						
Coach						

Name of Sponsor(s): _____

Contact Person for Sponsor: _____

Address of Sponsor(s): _____ Phone #: _____

Were you a manager last year? _____ If so, what team? _____ Age Group _____

If you are applying for a different age bracket than last year, please give the name and telephone number of the person who replaced you from last year's team:

Name: _____ Phone # _____

Number of years you have been in the NKCA Program: _____

Please provide your experience as a player, coach, or manager, or any other items which you feel qualify you to be a coach or manager in our program. If not in the league before, provide the name and phone number of preferably a Board Member or Manager in NKCA as a reference.

I submit this application for team and manager registration to the NKCA Baseball League with the understanding that if approved by the Board of Directors that I will be granted approval for the 2009 season, and that I will abide by all rules and regulations of the NKCA Baseball League.

_____ Date _____ Manager