

# Grand Island Little League Tournament Team Manager Application

Name: \_\_\_\_\_

Phone: (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

Tournament Team Age/Division: \_\_\_\_\_ Email: \_\_\_\_\_

**Coaching Experience:**

*House League:*

Organization	Division	# of Years	Comments
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Tournament Team:*

Organization	Division	# of Years	Summary of Results
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Coaching Philosophy:**

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**Other Qualifications / Comments / Background Information:**

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Attach additional pages as necessary.)

May-2008