



Granville Recreation District Baseball / Softball Coaching Application

Name: _____

Home Phone: _____

Work Phone: _____

Address: _____

E-Mail: _____

Child's Name: _____ Age: _____

What age of baseball / softball would you like to coach?

Have you ever played baseball /softball before? Yes ___ No ___

Have you ever coached baseball / softball before? Yes ___ No ___

If yes, how many years? _____

Where did you coach? _____

What age levels did you coach? _____

Why do you want to coach baseball / softball? _____

Have you coached other youth sports? Yes ___ No ___

If yes, what age group, sport, and where? _____

On the following page please give a description of your coaching philosophy. Please limit to one page.

On this page please give a description of your personal coaching philosophy (HEAD COACHES ONLY). Please be as detailed as possible (elaborate on any bullet points).

Personal References

Name: _____

Phone: _____

Relationship: _____

Years Known: _____

Name: _____

Phone: _____

Relationship: _____

Years Known: _____

Thank you for your interest in becoming a coach for the Granville Recreation District. Your application will be considered by the GRD Granville Ballpark League Committee.

Please mail your application to the GRD Office:

P.O. Box 483

Granville, Ohio 43023

Attn: Andy Wildman, Executive Director

Granville Recreation District