

**2010 SOUTH CENTRAL MICHIGAN YOUTH BASEBALL
COACH'S INFORMATION FORM**

Head Coach Name _____

Address _____

City, State, ZIP _____

Email* _____

Phone**:

<input type="checkbox"/>	Home	_____
<input type="checkbox"/>	Work	_____
<input type="checkbox"/>	Cell	_____

*Email address required. This is our primary form of communication.

**Please indicate in boxes, order of phone numbers at which you should be contacted.

Hat Size _____ Shirt Size _____

Assistant Coach Name _____

Address _____

City, State, ZIP _____

Email* _____

Phone**:

<input type="checkbox"/>	Home	_____
<input type="checkbox"/>	Work	_____
<input type="checkbox"/>	Cell	_____

*Email address required. This is our primary form of communication.

**Please indicate in boxes, order of phone numbers at which you should be contacted.

Hat Size _____ Shirt Size _____

Assistant Coach Name _____

Address _____

City, State, ZIP _____

Email* _____

Phone**:

<input type="checkbox"/>	Home	_____
<input type="checkbox"/>	Work	_____
<input type="checkbox"/>	Cell	_____

*Email address required. This is our primary form of communication.

**Please indicate in boxes, order of phone numbers at which you should be contacted.

Hat Size _____ Shirt Size _____

Hats and shirts will provided for up to two assistant coaches. Please order additional gear for true assistant coaches only. Hats and shirts for additional coaches can be purchased at cost.