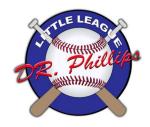


Dr. Phillips Little League Consideration for All-Star Manager or Coach

Please complete this application and return it to the DPLL league president at nomifla@gmail.com

Full Name:			DOB:	
Are you interested in: Are you interested in:	☐ Managing☐ Baseball☐	☐ Coaching☐ Softball☐		
For which All-Star team(s):			
☐ 8-9 All-Stars (league ag	ges 8 & 9)			
☐ 8-10 All-Stars (league	ages 8, 9 & 10)			
☐ 9-11 All-Stars (league	ages 9, 10 & 11)			
☐ Little League All-Stars	(league ages 11 & 1	2)		
☐ Intermediate All-Stars	(league ages 12 & 1	3)		
☐ Juniors All-Stars (leagu	ie ages 13 & 14)			
☐ Seniors All-Stars (leage	ue ages 15 & 16)			
Home Address:			Zip:	
Home or Mobile Phone:				
Email:				
Experience managing/coa	ching at Dr. Phillips	Little League:		
☐ Less than 1 year ☐	2-4 years 5	– 7 years 🔲 8+ y	rears	
Spring 2023 Team(s):				
	Manager 🖵 Coa	nch	☐ Manager ☐ Coach	



Dr. Phillips Little League Consideration for All-Star Manager or Coach

rlease provide some details as to why you consider team:	yourself a good candida	te to manage or coach a D	PLL All-Star
Signature		Date	