



Select Manager Application

Please complete the following information if you are interested in Managing a Select team. The Board will review the information you provide to make an informed decision. Please contact us at President@argsa.org if you have any questions. Please print clearly.

Your Name: _____

Phone: _____ Email: _____

What age level are you requesting to Manage?

• 10U • 12U • 14U • 16U

Have you previously been a Manager for ARGSA or any other youth sport?

• YES • NO

What age levels have you previously coached? (check all that apply)

• 6U • 8U • 10U • 12U • 14U • 16U

How many years of experience do you have coaching girls' softball? _____

How many years of experience do you have playing softball? _____

If there is another adult volunteer you would like to coach with, indicate their name(s) below.

Name: _____

Name: _____

Name: _____

Please tell us why you would like to Manage a Select team and about your coaching philosophy:
