



Escondido Youth Baseball
P.O. Box 2602 Escondido, CA 92033

MANAGER APPLICATION

Name _____ Email: _____
Address _____ City/Zip _____
Home/cell Ph. _____

If chosen to be a team manager, you will be required to submit to a background check.

Which Division are you applying for? Circle One

- Foal 4U
- Shetland 6U
- Pinto 8U
- Mustang 10U
- Bronco 12U
- Pony 14U

Experience within Escondido Youth Baseball or other Baseball Leagues, playing experience, etc.

References: (please list at least three references, past players/parents, league associates with email/phone)

1. _____
2. _____
3. _____

The team managers will be reviewed by the EYB Board for final approval. To be considered for selection, you must complete a background check and concussion training prior to the start of the season.

I agree to abide by all Rules, By-Laws, and Guidelines established by Escondido Youth Baseball and Pony.

Signature Date