

LCYBA MANAGERS INFORMATION

NAME: _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

PHONE: HOME _____ WORK _____ CELL _____

E-MAIL ADDRESS _____

DIVISION IN WHICH YOU PLAN TO MANAGE A TEAM:

Did you coach in 2008 Yes ___ No ___ if yes
which team and division _____

Did you coach in 2007. YES ___ NO ___

DO YOU HAVE PAST EXPERIENCE AS A MANAGER OR COACH?

YES _____ NO _____

IF SO, WHEN AND WHERE?

PLEASE RETURN THIS WITH YOUR COMPLETED
INSURANCE FORM AS SOON AS POSSIBLE
TO LEAGUE TREASURER

**(IT IS EXTREMELY IMPORTANT THAT WE HAVE ALL PHONE
NUMBERS WHERE YOU CAN BE REACHED ON FILE)**

We will use work and cell numbers only in an emergency to notify coaches of game changes.