

Alpine Girls Softball Association

All-Star Manager Application

P.O. Box 922, Alpine, CA 91903

Name: _____

Address: _____

Email: _____ Phone: _____

Year: _____ Division: 8u [] 10u [] 12u [] 14u []

Previous All-Star Manager/Coaching Experience:

Why do you want to manage a AGSA All-Star team?

I understand that if appointed, my position is conditional upon receiving favorable results on a current ASA/USA Softball background check. I also understand that I will be required to complete the USA Softball Concussion Training and ACE Certification prior to the first scheduled All-Star tournament.

Signature: _____ Date: _____

AGSA Board Use Only:

Selected to Manage: Yes / No Date Notified: _____

Concussion Training Certificate Received: _____

ACE Certification Certificate Received: _____

AGSA President Signature: _____