



Hibiscus Coast Softball Club - TEAM MANAGEMENT APPLICATION FORM

Position sought: Please clearly state below the position applied for.

Coach / Manager / Scorer

Team

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Full Name:

Address:

Contact No:

E-Mail:

Current club position:

Returning coach:

Grade

New coach:

Please give a brief description of your plan or vision for the position you are applying for:

Qualifications and/or previous Experience

Signed: _____ Date: _____

Completed applications are to be received by Hibiscus Coast Softball Club by **Friday 4th August 2018**
Hard copy is to be addressed to:

Hibiscus Coast Softball Club

Attn: Ronlynn Gurney
25 Philomel Crescent
Bayswater
AUCKLAND 0622

Electronic copy is to be emailed to
secretary@hbcsoftball.org.nz

Completion of this form will enable Hibiscus Coast Softball Club to provide where and as required the tools to upskill and assist our coaching staff in their journey, ie coaching clinics.