



PO Box 287
New City, New York 10956
(845) 639-6135

Manager Application Form

Name: _____

Phone: _____

Cell: _____

Business Phone: _____

Please check division you would like to manage:

Baseball: Rookie A AA AAA Majors Juniors Seniors

Softball: Rookie International Majors Juniors Seniors

Previous New City Little League Experience: _____

Prior Experience: _____

Other Pertinent Experience: _____

References: _____
