

FILL OUT ONLINE AND PRINT TO SIGN



Little League® Coaches Toolkit Enrollment Form

First Name: _____

Last Name: _____

League Name: _____

District: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

E-Mail: _____

How did you hear about the Coaches Toolkit? _____

Coaching Level for this Season (check one):

Baseball

Please choose one (1) Big Al Coaching Manual:

5-8

9-12

13+

Softball

Please choose one (1)

Michelle Smith's "Fundamentals of Coaching Fastpitch" softball dvd

RightView Pro "Hitting With the Champions" softball cd

PAYMENT INFORMATION (\$30 US)

Check Enclosed (Made Payable to "Little League Coaches Toolkit")

Please charge my credit card (check one): Mastercard Visa

Card Number _____ Exp. Date: _____

Name on Card (please print) _____

Signature _____