

**INFORMATION FORM
PRINT PLEASE**

Full Name: _____

Address: _____

City, State: _____

Phone: _____ **Cell:** _____

DL# _____ **SSN** _____ **DOB** _____

I understand that BMC Baseball Foundation will conduct a background check prior to assigning a coach or assistant coach position to me.

Signature: _____

Date: _____

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