



European Baseball Coaches Association

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EBCA Coach Exchange Program Application Form

FULL NAME _____
LAST FIRST

ADDRESS _____
STREET HOUSE # CITY POST CODE

EMAIL _____ PHONE _____

CLUB/ORGANIZATION _____

WHICH DATES ARE MOST PREFERRED FOR YOU TO TRAVEL? _____

ARE YOU FLEXIBLE SHOULD YOUR PREFERRED DATES NOT BE AVAILABLE ? _____

ON A SCALE FROM 1-10 HOW WOULD YOU RATE YOUR ENGLISH SKILLS (1=POOR, 10=EXCELLENT) _____

HOW MANY PLAYERS DO YOU THINK WILL BE IMPACTED FROM YOUR EXCHANGE EXPERIENCE? _____

HOW MANY COACHES DO YOU THINK WILL BE IMPACTED FROM YOUR EXCHANGE EXPERIENCE? _____

COACHING EXPERIENCE

AGE GROUP YEARS POSITION DESCRIPTION

AGE GROUP	YEARS	POSITION DESCRIPTION

YOUR PERSONAL GOALS AND OBJECTIVES AS A COACH

PLEASE TAKE A MOMENT TO EXPLAIN WHY YOU THINK THE EBCA COACH EXCHANGE PROGRAM WILL BENEFIT YOU AND YOUR DEVELOPMENT AS A COACH

Email inquiries to info@baseball-in-europe.com Enter 'International Coaches Exchange' in the subject