



## Smithtown Kickers Team Manager Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Town : \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Team (Boys or Girls) & Age Group applying for \_\_\_\_\_

### Soccer Coaching Experience:

Travel (include no. of years): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Intramurals (include no. of years): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Coaching License(s) (attach copy(s)): \_\_\_\_\_

**Note: Any U9 and U10 team managers MUST obtain a LIJSL D/NSCAA levels 1-2 Diploma Course or equivalent USSF F license by their first year in Travel.**

Provide reason that you should be appointed as a team manager and provide any other supporting information or past experience that would make you the best choice for the position(s): Attached additional sheets as needed

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Return Completed Application &  
copy of any coaching licenses to :

Smithtown Kickers Soccer Club  
P.O. Box 822  
Smithtown, NY 11787