

Smithtown Kickers Team Manager Application

Name:	Date:
Address:	
Town:	Zip:
Email:	
Cell Phone:	
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 MU equivalent USSF F license by their first yea	JST obtain a LIJSL D/NSCAA levels 1-2 DiplomaCourse ar in Travel.
supporting information or past experient position(s): Attached additional sheets as r	

or