



Saratoga-Wilton Soccer Club
PO Box 1292
Saratoga Springs, NY 12866
www.saratogawiltonsoccerclub.com

Building Character through Soccer Since 1983

2017-2018 SWSC Manager Application

Name: _____ **Email:** _____

Phone Number: _____

Gender you would like to Manage: _____ Male _____ Female

Age group you would like to Manage:

_____ U8 _____ U10 _____ U12 _____ U14 _____ U16 _____ U18

_____ Other: _____

What age group(s) is/are your child/children in? _____

Would you prefer to have a co-manager? _____
(Club discounts are split between co-managers)

Please list your Prior Managing Experience:

Year	Age Level	Club	Team
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please rate yourself in the following categories: (where 1 = Needs Improvement and 5 = Excellent)

Communication _____ Relationship with Parents and Families _____

Organization _____ Creating Team Spirit/Unity _____

Fostering a Positive Atmosphere _____

Are there any other strengths or weaknesses that you would like to mention? (Use back of page if more room is needed)

SWSC is a 501(c)(3) tax-exempt organization