



654 York Rd.  
Warminster, PA 18974  
267.282.4088  
www.warminstersportsplex.com

### Counselor-In-Training Application

Open to youth age 15 only

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

School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Athletic Experience:

Sport	# years	Level of Play
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Have you participated in camps at SMG SportsPlex in the past? If so, how many year have you attended camps?

\_\_\_\_\_

Have you previously held any positions of responsibility? Please list below.

Position	# years
1. _____	_____
2. _____	_____
3. _____	_____

Please tell us about a time (a real-life example) when you were a role model to someone else.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you wish to participate in the SMG SportsPlex CIT Program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you contribute to SMG SportsPlex as a CIT and a Coach?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What weeks are you available to participate in the CIT Program?

\_\_\_\_\_