

CLUB AFFILIATION FORM

Year: 20 /20

Season: Fall or Spring

CLUB NAME _____

PRESIDENT _____ PHONE _____

ADDRESS _____ CELL _____

_____ ZIP _____ EMAIL _____

DIRECTOR OF COACHING _____ CELL _____

EMAIL _____

TRAVEL DIRECTOR _____ CELL _____

ADDRESS _____ ZIP _____ EMAIL _____

FIELD COORDINATOR _____ CELL _____

EMAIL _____

REGISTRAR _____ CELL _____

ADDRESS _____

_____ ZIP _____ EMAIL _____

TREASURER _____ CELL _____

EMAIL _____

RISK MANAGEMENT OFFICER _____ CELL _____

EMAIL _____

CLUB ASSIGNOR _____ CELL _____

EMAIL _____