

# **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 \_\_\_\_\_