

CLUB AFFILIATION FORM

Year: 20 /20

Season: Fall or Spring

CLUB NAME _____

PRESIDENT _____ PHONE (H) _____

ADDRESS _____ (B) _____

_____ ZIP _____ EMAIL ADDRESS _____

TRAVEL DIRECTOR _____ PHONE _____

ADDRESS _____ ZIP _____ EMAIL ADDRESS _____

PRIMARY CONTACT FOR CLUB-WIDE POSTPONEMENTS

NAME _____ PHONE _____

FIELD COORDINATOR _____ PHONE (H) _____

EMAIL ADDRESS _____

REGISTRAR _____ PHONE (H) _____

ADDRESS _____ (B) _____

_____ ZIP _____ EMAIL ADDRESS _____

TREASURER _____ PHONE (H) _____

ADDRESS _____ (B) _____

_____ ZIP _____ EMAIL ADDRESS _____

HEAD COACH _____ PHONE _____

EMAIL ADDRESS _____

HEAD REFERREE _____ PHONE _____

EMAIL ADDRESS _____

CLUB ASSIGNOR _____ PHONE _____

EMAIL ADDRESS _____