

CLUB ADMINISTRATORS' ROSTER

CLUB NAME: _____ DISTRICT/CLUB: (numbers) _____

CLUB STATUS New Active

THIS CLUB REGISTERS: Competitive Teams Recreational Teams

ANNUAL GENERAL MEETING: Date: _____

President: _____ Phone: Home _____

Address: _____ Work _____

City: _____ State: _____ Zip: _____ Fax _____

E-Mail Address: _____

Treasurer: _____ Phone: Home _____

Address: _____ Work _____

City: _____ State: _____ Zip: _____ Fax _____

E-Mail Address: _____

Secretary: _____ Phone: Home _____

Address: _____ Work _____

City: _____ State: _____ Zip: _____ Fax _____

E-Mail Address: _____

Registrar (Comp): _____ Phone: Home _____

Address: _____ Work _____

City: _____ State: _____ Zip: _____ Fax _____

E-Mail Address: _____

Registrar (Rec): _____ Phone: Home _____

Address: _____ Work _____

City: _____ State: _____ Zip: _____ Fax _____

E-Mail Address: _____

Field Coordinator): _____ Phone: Home _____

Address: _____ Work _____

City: _____ State: _____ Zip: _____ Fax _____

E-Mail Address: _____

Head Coach: _____ Phone: Home _____

Address: _____ Work _____

City: _____ State: _____ Zip: _____ Fax _____

E-Mail Address: _____

Attach additional Board members on separate sheet, if necessary.

A background disclosure form must be submitted for each reported board member.

Note: The fee includes Oregon Youth Soccer Association provided liability insurance for your administrations, volunteers, and other affiliated with your club. However, Oregon Youth Soccer Association needs a list of those covered for the policy to be in effect.

**DUE ANNUALLY
ON JULY 1ST**