



INFORMATION FORM *for* Section: _____ Area: _____ Region: _____

Remember to copy the appropriate volunteer chain of command (e.g., RC to AD; AD to SD; SD to BL)

Please update and mail to the AYSO National Support & Training Center (PO Box 5045, Hawthorne, CA, 90251-5045) whenever there is a change in any of the following positions. **Please attach completed volunteer applications for those listed below. (PLEASE TYPE OR PRINT)**

RC/AD/SD: _____ Res. Phone: (____) _____
 Address: _____ Bus. Phone: (____) _____
 City/State/Zip: _____ FAX: (____) _____
 e-mail: _____ AYSO: (____) _____

Please the number(s) you would like publicized in the Executive Member Directory:

AYSO Number is automatically listed. Home Business FAX

List season this form will reflect:

FS _____ or SF _____

Assistant: _____ Res. Phone: (____) _____
 Address: _____ Bus. Phone: (____) _____
 City/State/Zip: _____ FAX: (____) _____
 E-mail: _____ **Authorized to Purchase** No Yes

Treasurer: _____ Res. Phone: (____) _____
 Address: _____ Bus. Phone: (____) _____
 City/State/Zip: _____ FAX: (____) _____
 E-mail: _____ **Authorized to Purchase** No Yes

Safety Director: _____ Res. Phone: (____) _____
 Address: _____ Bus. Phone: (____) _____
 City/State/Zip: _____ FAX: (____) _____
 E-mail: _____ **Authorized to Purchase** No Yes

Child Volunteer Protection Advocate (CVPA): _____ Res. Phone: (____) _____
 Address: _____ Bus. Phone: (____) _____
 City/State/Zip: _____ FAX: (____) _____
 E-mail: _____ **Authorized to Purchase** No Yes

Coach Administrator: _____ Res. Phone: (____) _____
 Address: _____ Bus. Phone: (____) _____
 City/State/Zip: _____ FAX: (____) _____
 E-mail: _____ **Authorized to Purchase** No Yes

Referee Administrator: _____ Res. Phone: (____) _____
 Address: _____ Bus. Phone: (____) _____
 City/State/Zip: _____ FAX: (____) _____
 E-mail: _____ **Authorized to Purchase** No Yes

Auditor: _____ Res. Phone: (____) _____
 Address: _____ Bus. Phone: (____) _____
 City/State/Zip: _____ FAX: (____) _____
 E-mail: _____ **Authorized to Purchase** No Yes

Registrar: _____ Res. Phone: (____) _____
 Address: _____ Bus. Phone: (____) _____
 City/State/Zip: _____ FAX: (____) _____
 E-mail: _____ **Authorized to Purchase** No Yes

Management Administrator: _____ Res. Phone: (____) _____
 Address: _____ Bus. Phone: (____) _____
 City/State/Zip: _____ FAX: (____) _____
 E-mail: _____ **Authorized to Purchase** No Yes

VIP Director: _____ Res. Phone: (____) _____
 Address: _____ Bus. Phone: (____) _____
 City/State/Zip: _____ FAX: (____) _____
 E-mail: _____ **Authorized to Purchase** No Yes

PLEASE COMPLETE OTHER SIDE →

Dir Referee Assmnt: _____ Res. Phone: (____) _____
 Address: _____ Bus. Phone: (____) _____
 City/State/Zip: _____ FAX: (____) _____
 E-mail: _____ **Authorized to Purchase** No Yes

Dir Referee Instr: _____ Res. Phone: (____) _____
 Address: _____ Bus. Phone: (____) _____
 City/State/Zip: _____ FAX: (____) _____
 E-mail: _____ **Authorized to Purchase** No Yes

Coach Trainer: _____ Res. Phone: (____) _____
 Address: _____ Bus. Phone: (____) _____
 City/State/Zip: _____ FAX: (____) _____
 E-mail: _____ **Authorized to Purchase** No Yes

Secretary: _____ Res. Phone: (____) _____
 Address: _____ Bus. Phone: (____) _____
 City/State/Zip: _____ FAX: (____) _____
 E-mail: _____ **Authorized to Purchase** No Yes

Data Entry: _____ Res. Phone: (____) _____
 Address: _____ Bus. Phone: (____) _____
 City/State/Zip: _____ FAX: (____) _____
 E-mail: _____ **Authorized to Purchase** No Yes

Webmaster: _____ Res. Phone: (____) _____
 Address: _____ Bus. Phone: (____) _____
 City/State/Zip: _____ FAX: (____) _____
 E-mail: _____ **Authorized to Purchase** No Yes

Developer: _____ Res. Phone: (____) _____
 Address: _____ Bus. Phone: (____) _____
 City/State/Zip: _____ FAX: (____) _____
 E-mail: _____ **Authorized to Purchase** No Yes

Regional Coord: _____ Res. Phone: (____) _____
 Address: _____ Bus. Phone: (____) _____
 City/State/Zip: _____ FAX: (____) _____
 E-mail: _____ **Authorized to Purchase** No Yes

CAP Director: _____ Res. Phone: (____) _____
 Address: _____ Bus. Phone: (____) _____
 City/State/Zip: _____ FAX: (____) _____
 E-mail: _____ **Authorized to Purchase** No Yes

Auth Purchaser: _____ Res. Phone: (____) _____
 Address: _____ Bus. Phone: (____) _____
 City/State/Zip: _____ FAX: (____) _____
 E-mail: _____

	Bank Name / Institution Name	Account #	Authorized Signers		Position
			Print Name	Signature	
Checking Acct.			1.	1.	Executive Member
Savings Acct.*			2.	2.	Treasurer
			3.	3.	
Savings Acct.*			4.	4.	

* Authorized signers for savings should be the same as checking. If not, please indicate their name(s) & position(s).