

**NWOYSL Club Information Form      2009-10 Seasonal Year**

ALL CLUBS PLEASE COMPLETE AND SIGN THIS FORM

Club Name: \_\_\_\_\_

Web Page: \_\_\_\_\_

Name & Address of Field: \_\_\_\_\_

**Contact:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Alternate Contact:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Field Contact: - in charge of closing field**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Referee Assignor: ALL Clubs must have a Certified Assignor**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

As the official contact person and on behalf of the above named club, I hereby consent to abiding by all of OYSA-N's rules and regulations as a properly registered club through the above league and through OYSA-N. I will also agree to completely register every team, every player, and every coach that is sponsored, financed, coached, or administered to by this club whether they be male or female, members of traveling teams, competitive teams, intramural programs, recreational programs or house programs as set forth by this state association and that of the national association. Non-compliance will result in sanctions against this club.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_