

CHICO YOUTH SOCCER LEAGUE

P.O. Box 1537, Chico, CA 95927,
(530)894-1088 Fax:(530)894-8889

BOARD MEMBER APPLICATION

Name: _____

Address: _____

City: _____ Zip: _____

Phone: h) _____ w) _____ Sex: M _____ F _____

E-Mail Address: _____

Soccer Experience: (Player, Coach, Referee): _____

Why do you want to serve on the Board of Directors? _____

Do you have any special areas of interest regarding possible assignments as a board member?
(Coaches, Referees, Fundraising, Publicity, Maintenance): _____

List any special talents that you have that will be of benefit to CYSL: _____

Have you ever been convicted of a felony? Yes ___ No ___ Explain : _____

