



Club Personnel Form

Seasonal Year: _____ Date: _____

**All fields must be completed. Form is required in the Fall season.
Form is required in the Spring season only if there are changes.**

Club Number _____ Club Name _____
Address _____
President _____ Home Phone _____
Address _____ Cell Phone _____
_____ Zip _____ Email _____

Registrar* _____ Home Phone _____
Address _____ Cell Phone _____
_____ Zip _____ Email _____

Asst. Registrar* _____ Home Phone _____
Address _____ Cell Phone _____
_____ Zip _____ Email _____

Field Scheduler _____ Home Phone _____
Address _____ Cell Phone _____
_____ Zip _____ Email _____

Director of Coaching _____ Home Phone _____
Address _____ Cell Phone _____
_____ Zip _____ Email _____

Treasurer _____ Home Phone _____
Address _____ Cell Phone _____
_____ Zip _____ Email _____

Tournament Director _____ Home Phone _____
Address _____ Cell Phone _____
_____ Zip _____ Email _____

Intramural Registrar _____ Home Phone _____
Address _____ Cell Phone _____
_____ Zip _____ Email _____

***Denotes the only two people who have the authority to register and release players**