

## **Alaska Youth Soccer Association**

## **New Club Affiliate Application**

Organization Name:	
Organization Mailing Address:	
Phone Number: H	Email/ Website:
Club/program will be offer;	
Competitive Recreation Academy	TOPSoccer Futsal Camps
Type of player your club/program will be sen	ving;
Recreational Competitive Academy	y Disabilities Boys Girls Co-ed
Your club/program will operate: Fall Only	Winter Only Spring Only Year Around
Administrator:	
Email:	Phone:
President:	
Email:	Phone:
Registrar:	
Email:	Phone:
Is there an existing Club/Program in your city	/ town already? Yes No
Why do you feel the need for a new program under AYSA? (explain in a few words who and what you are)	
Requirements for New Club/Program Format	··
A. Minimum of four teams to make a club/lea	
B. Have by-laws and slate of officers or join ar	
•	ation's 501(3) C - <b>Do you have 501©3 status;</b> Yes No
D. Submit a current copy of Officers and Staff	on an annual basis (include email/ phone for each member)
· · · · · · · · · · · · · · · · · · ·	e 4-team minimum and maintain the AYSA Good Standing
Standards; before Full Membership status is a	• •
Club Formation Procedure.	O104); Guideline for New Club Formation for detailed reference on New
Do you have an organization logo? Yes	No (email logo to AYSA as a jpeg, or gif format)
Submit this form with signature, and all accompandave # 21 Anchorage, AK 99503.	ying materials to: AYSA; <i>alaskayouthsoccer@gmail.com</i> or 200 W. 34th
Signature:	Date: