

NORTHEASTERN OHIO AMATEUR SOCCER ASSOCIATION

CLUB OFFICERS FOR THE YEAR 20

CLUB NAME:

1) Club President Name: _____

Address: _____

City: _____ **Zip Code:** _____

Phone: _____

Email address: _____

2) Registrar Name: _____

Address: _____

City: _____ **Zip Code:** _____

Phone: _____

Email address: _____

3) Club Representative Name: _____

Address: _____

City: _____ **Zip Code:** _____

Phone: _____

Email address: _____

4) Treasurer or Club Contact Name: _____

Address: _____

City: _____ **Zip Code:** _____

Phone: _____

Email Address: _____