

New Association Application
For NYFL Membership

Association Name _____
(or location)

Contact Name(s) 1 - _____
2 - _____

Address 1- _____

Address 2- _____

Phone 1- _____

2- _____

Primary Leader, Contact Person:

Please list at least three references that can verify your qualifications to perform a leadership role in this youth organization. List names, addresses, phone #'s and involvement.

1)	2)	3)

Please list the reasons why you feel that your area would like to be an NYFL member?

What qualifications make you the person(s) to organize it?

Did you read and understand the NYFL policy documents? _____

What division(s) would you plan to start with? **Juniors** _____ **Seniors** _____

What school district would your players come from? _____

What is the average 3rd-6th grade class size? _____

Would you have a facility for practice _____? Games _____?

Proposed team Name(s) _____
Color(s) _____