



San Francisco Youth Soccer (SFYS)

Board of Directors Nomination Form

Nominator

Nominator Name:	
Member Affiliation*:	
*For which team(s) are you the identified manager, coach, voting representative, or proxy holder or state "Director" if on SFYS Board.	
Phone:	
Email:	
Acknowledge that each affirmation below is true. Nomination is invalid in one or each statement is false or left blank.	
<input type="checkbox"/>	I am a member in good standing
<input type="checkbox"/>	I confirm that the candidate has agreed to serve if elected from March 1, 2020 to later of February 28, 2021 or next Annual General Meeting

Nominee

Nominee Name:	
Member Affiliation*:	
Nominee Phone:	
Nominee Email:	

Nominator Signature	Date