BOARD APPLICATION

Date: _____

First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip_____

Home Phone: _____ Cell Phone: _____

Other Phone: _____ Email: _____

Do you have a child that plays for INYFC League?..... ❑ Yes ❑ No

Please take a moment to tell us why you would like to become an INYFC League board member and list any qualifications that may be important to know relating to the position you are applying for:

_____

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Please email this form to president@inpwl.org.