



# 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?.....  Yes  No

Please take a moment to tell us why you would like to become an INYFC 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.