



ORGANIZATIONAL ACCREDITATION PROFILE

Initial Accreditation
 Annual Renewal
 Profile Update

_____ **COMPLETE NAME OF ORGANIZATION** _____ **YEAR** _____

OFFICER'S NAME	POSITION	MAILING ADDRESS	E-MAIL ADDRESS	HOME PHONE	WORK PHONE	PC	FUR
	PRESIDENT						
	VICE PRESIDENT						
	SECRETARY						
	TREASURER						
COMMISSIONER'S NAME	SPORT	MAILING ADDRESS	E-MAIL ADDRESS	HOME PHONE	WORK PHONE	PC	FUR
NAMES OF OTHER CONTACTS	POSITION	MAILING ADDRESS	E-MAIL ADDRESS	HOME PHONE	WORK PHONE	PC	FUR

PC = Primary Contact - Designate Only One
FUR = Facility Use Requesters-Designate All

<input type="checkbox"/> Baseball - Youth ___ to ___ _____ <input type="checkbox"/> Basketball - Youth ___ to ___ _____ <input type="checkbox"/> Field Hockey - Youth ___ to ___ _____ <input type="checkbox"/> Flag Football - Youth ___ to ___ _____ <input type="checkbox"/> Football - Youth ___ to ___ _____ <input type="checkbox"/> Lacrosse - Boys ___ to ___ _____ <input type="checkbox"/> Lacrosse - Girls ___ to ___ _____ <input type="checkbox"/> Rugby - Youth ___ to ___ _____	PLAYERS PER TEAM _____ _____ _____ _____ _____ _____ _____ _____	<input type="checkbox"/> Soccer - Youth ___ to ___ _____ <input type="checkbox"/> Softball - Youth ___ to ___ _____ <input type="checkbox"/> T-Ball - Youth ___ to ___ _____ <input type="checkbox"/> Volleyball - Youth ___ to ___ _____ <input type="checkbox"/> Wrestling - Youth ___ to ___ _____ <input type="checkbox"/> Cheerleading ___ to ___ _____	AGE RANGE NUMBER OF TEAMS _____ _____ _____ _____ _____ _____ _____ _____
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<input type="checkbox"/> Baseball - Adult ___ to ___ _____ <input type="checkbox"/> Basketball - Adult ___ to ___ _____ <input type="checkbox"/> Flag Football - Adult ___ to ___ _____ <input type="checkbox"/> Rugby - Adult ___ to ___ _____ <input type="checkbox"/> Soccer - Adult ___ to ___ _____ <input type="checkbox"/> Softball - Adult ___ to ___ _____	OTHER YOUTH SPORT AGE RANGE NUMBER OF TEAMS PLAYERS PER TEAM _____ _____ _____ _____
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<input type="checkbox"/> Volleyball - Adult <input type="checkbox"/> Tennis <input type="checkbox"/> Aerobics <input type="checkbox"/> Dancing <input type="checkbox"/> Meeting - Scouting <input type="checkbox"/> Meeting - Other	OTHER ACTIVITIES _____ _____
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Yes No Does your organization collect funds for purposes other than to pay for liability insurance?
 Yes No Is your organization exempt from paying Federal income tax?

Yes No Does your organization operate a Concession Stand? Where _____
 Yes No Does your organization engage in physical activities?

I am authorized to complete this form on behalf of our organization. I understand that knowingly signing a false statement may adversely impact our organization's use of public facilities.

_____ **PRINTED NAME OF REPRESENTATIVE**
 _____ **TITLE OF REPRESENTATIVE**
 _____ **SIGNATURE OF REPRESENTATIVE**
 _____ **DATE SIGNED**