

Affiliate Name: _____
Officers/Directors Form

In order to be covered under the Kentucky Youth Soccer Association's Officers and Directors Liability Insurance Policy, please email us a list of your officers/directors or fill out this form and mail it to the State Office.

Position	Name	Address	City/State/Zip	Daytime Phone	Email Address
<i>President</i>					
<i>Select Admin.</i>					
<i>Registrar</i>					
<i>Director of Coaching</i>					
<i>Referee Assigner</i>					

Please list all other officers/directors you wish to be covered under the KYSA's Officers and Directors Liability Insurance Policy below. Please list ONLY their Position, Name, and Email address.

Please include additional sheets for each Sub-Organization listed

If any changes occur to your association's Officers/Directors during the year. Please notify the KYSA office IMMEDIATELY.