



Candidate Information

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax Number: _____

Primary Email: _____

Alternate Email: _____

Checklist: (Check each box to affirm your actions)

I have read and reviewed the materials accompanying this form.

I have had or will request a current WA Youth Soccer background check, well in advance of the Annual General Meeting so that results will be noted prior to the election.

I will serve if elected.

I have read, understand, and will comply with the WA Youth Soccer Governance Code of Ethics and Conflict of Interest Statements.

I have enclosed the following with this form:

- Current Resume
- Statement of Function
- Written Acceptance of Nomination
- Signed Copy of the Governance Code of Ethics Statement

Signed:

Candidate for Nomination