



## Youth Advisory Committee Application

Name (first and last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Club/Association: \_\_\_\_\_

Gender:

(Please check all that apply)

Male

Trans

Female

Other

Non-Binary

Pronouns \_\_\_\_\_

Ethnicity:

(Please check all that apply)

South Asia

Black or African

Middle Eastern

Southeast Asian

American

Decline to Answer

East Asian

Hispanic or Latinx

Indigenous

European

Additional \_\_\_\_\_

In a letter, of no more than 2 paragraphs please tell WYS how you will contribute to the Youth Advisory Committee and any special interest you have.

If you have held additional leadership roles, please tell us about them.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have additional question please contact Jordan Schweiter at [JordanS@washingtonyouthsoccer.org](mailto:JordanS@washingtonyouthsoccer.org)