



Organization Questionnaire

Organization Name: _____ Program Start Date: _____

Administrative Contact: _____ Title: _____

Address (office or PO Box): _____

Organization Phone: _____ Fax: _____

E-mail: _____ Web site: _____

Programs Offered (circle one): Recreational Genders Offered (circle one): Male only Female only Both

Number of Recreational Teams _____ Number of Recreational Players: _____

Is your organization an Illinois Youth Soccer affiliated recreational program? _____

Would you like information on becoming an affiliated recreational program? _____

Does your organization have participants with disabilities? If yes, how many? _____

President: _____

Address: _____

City / State / Zip: _____

Phone: _____ E-mail: _____

Director of Coaching: _____

Address: _____

City / State / Zip: _____

Phone: _____ E-mail: _____

Coaching Licenses: _____

Recreational Program Director: _____

Address: _____

City / State / Zip: _____

Phone: _____ E-mail: _____

Marketing Director: _____

Address: _____

City / State / Zip: _____

Phone: _____ E-mail: _____

Web Site Designer: _____

Address: _____

City / State / Zip: _____

Phone: _____ E-mail: _____

Please return to: Illinois Youth Soccer, 1655 S. Arlington Heights Road, Suite 201, Arlington Heights, Illinois 60005
FAX to: (847) 290-1576 or by email to: mjb@illinoisyouthsoccer.org

Person completing this form: _____ Title: _____ Date: _____



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