



## AYSO Alliance Pilot Application

Date: \_\_\_\_\_

Section/Area: \_\_\_\_\_

Participating Regions: \_\_\_\_\_

Number of Players: \_\_\_\_\_

Age Groups: \_\_\_\_\_

Number of Teams: \_\_\_\_\_

Local Gaming Circuit Name: \_\_\_\_\_

Area Alliance Director Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Area Coach Admin Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**WE HAVE READ AND AGREE TO ALL ALLIANCE RULES AND REGULATIONS.**

### Required Authorizing Signatures:

Area Director: \_\_\_\_\_ Date: \_\_\_\_\_

Section Director: \_\_\_\_\_ Date: \_\_\_\_\_

Alliance Liaison: Yvette Barrett \_\_\_\_\_

***Please email completed form to Yvette Barrett at [ybarrett.nbod@gmail.com](mailto:ybarrett.nbod@gmail.com).***