

**Club Coordinator Form – Fall 2009**  
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**Club Name** \_\_\_\_\_

Representing Town of \_\_\_\_\_

**Coordinator Name** \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Email \_\_\_\_\_

**Alternate Coordinator** \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Email \_\_\_\_\_

**Club Score Reporter Name** \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Email \_\_\_\_\_

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**Affidavit** (please circle a response and sign)

Our club has a copy of all our players **Birth Certificates** on file for possible review.

Yes      No

Our club has a copy of all of our players signed **Zero Tolerance Policy** forms on file for possible review.

Yes      No

Club Coordinator's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Return by July 28 to James Hunt, Registrar, 51 Mountain Drive Pittsfield, MA 01201**  
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