



AMERICAN YOUTH SOCCER ORGANIZATION
a nonprofit corporation dedicated to youth soccer
everyone plays[®]

Parent Volunteer and Donation Form

THIS FORM MUST BE RETURNED WITH THE REGISTRATION FORM.

Parent Name: _____ E-mail: _____
Home Phone: _____ Work/Cell: _____
Players Name(s): _____

AYSO is supported entirely by volunteers such as **yourself**. Please take an active role to support the many activities needed to make this program successful for our players.

VOLUNTEERS NEEDED

- I am willing to **coordinate concessions**:
 - FRIDAY** (Weekly for both Fall and Spring seasons)
 - SATURDAY FIRST SHIFT** (Weekly for both Fall and Spring seasons)
 - SATURDAY SECOND SHIFT** (Weekly for both Fall and Spring seasons)

- I can help **coordinate divisions and teams**:
 - FRIDAY** (Weekly for both Fall and Spring seasons)
 - SATURDAY FIRST SHIFT** (Weekly for both Fall and Spring seasons)
 - SATURDAY SECOND SHIFT** (Weekly for both Fall and Spring seasons)

- I can serve as a **member of the Board of Directors**.

- I can assist **regional administration**:
 - Assistant Regional Commissioner
 - Regional Commissioner
 - Fields Director

- I am willing to become a:
 - COACH**: I agree to attend annual coach training and pick up equipment on a regionally designated date.
 - REFEREE**: I agree to attend regional referee training on a regionally designated date.
 - My son/daughter (11 years of age or above) is interested in **refereeing youth level games**.

MAKE A DONATION

I am willing to make a donation. Amount: \$ _____

Complete and return to the following address: AYSO, PO Box 19575, Kalamazoo, MI 49019