



# ORGANIZATIONAL ACCREDITATION PROFILE

Initial Accreditation   
 Annual Renewal   
 Profile Update

\_\_\_\_\_  
 COMPLETE NAME OF ORGANIZATION

\_\_\_\_\_  
 FISCAL YEAR

OFFICER'S NAME	POSITION	MAILING ADDRESS	E-MAIL ADDRESS	HOME PHONE	WORK PHONE	PC	FUR
	PRESIDENT						
	VICE PRESIDENT						
	SECRETARY						
	TREASURER						
COMMISSIONER'S NAME	SPORT	MAILING ADDRESS	E-MAIL ADDRESS	HOME PHONE	WORK PHONE	PC	FUR
NAMES OF OTHER CONTACTS	POSITION	MAILING ADDRESS	E-MAIL ADDRESS	HOME PHONE	WORK PHONE	PC	FUR

AGE RANGE	NUMBER OF TEAMS	PLAYERS PER TEAM	AGE RANGE	NUMBER OF TEAMS	PLAYERS PER TEAM		
<input type="checkbox"/> Baseball - Youth	___ to ___	_____	<input type="checkbox"/> Soccer - Youth	___ to ___	_____	<input type="checkbox"/> Baseball - Adult	<input type="checkbox"/> Volleyball - Adult
<input type="checkbox"/> Basketball - Youth	___ to ___	_____	<input type="checkbox"/> Softball - Youth	___ to ___	_____	<input type="checkbox"/> Basketball - Adult	<input type="checkbox"/> Tennis
<input type="checkbox"/> Field Hockey - Youth	___ to ___	_____	<input type="checkbox"/> T-Ball - Youth	___ to ___	_____	<input type="checkbox"/> Flag Football - Adult	<input type="checkbox"/> Aerobics
<input type="checkbox"/> Flag Football - Youth	___ to ___	_____	<input type="checkbox"/> Volleyball - Youth	___ to ___	_____	<input type="checkbox"/> Rugby - Adult	<input type="checkbox"/> Dancing
<input type="checkbox"/> Football - Youth	___ to ___	_____	<input type="checkbox"/> Wrestling - Youth	___ to ___	_____	<input type="checkbox"/> Soccer - Adult	<input type="checkbox"/> Meeting - Scouting
<input type="checkbox"/> Lacrosse - Boys	___ to ___	_____	<input type="checkbox"/> Cheerleading	___ to ___	_____	<input type="checkbox"/> Softball - Adult	<input type="checkbox"/> Meeting - Other
<input type="checkbox"/> Lacrosse - Girls	___ to ___	_____					
<input type="checkbox"/> Rugby - Youth	___ to ___	_____					
			OTHER YOUTH SPORT	___ to ___	_____		OTHER ACTIVITIES

PC = Primary Contact - *Designate Only One*  
 FUR = Facility Use Requesters - *Designate All*

<input type="checkbox"/> Yes <input type="checkbox"/> No Does your organization collect funds for purposes other than to pay for liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No Is your organization exempt from paying Federal income tax?
<input type="checkbox"/> Yes <input type="checkbox"/> No Does your organization operate a Concession Stand? Where? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Does your organization engage in physical activities?

I am authorized to complete this form on behalf of our organization. I understand that knowingly signing a false statement may adversely impact our organization's use of public facilities.

PRINTED NAME OF REPRESENTATIVE	TITLE OF REPRESENTATIVE	SIGNATURE OF REPRESENTATIVE	DATE SIGNED
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