

CYC District Personnel Form

District: _____

Sport Meeting Night: _____
Location of Meeting: _____

Start Time for Meeting: _____

District Chairperson:	
Address: _____	Home Number: _____
City: _____	Work Number: _____
State: _____	Cell Number: _____
Zip: _____	Fax Number: _____
Home Email Address: _____	Spouse's First Name: _____
Work Email Address: _____	
<i>Completed MO. State Child Abuse Y - N, Protecting God's Children Y - N, Code of Conduct Y - N</i>	

District Vice-Chairperson:	
Address: _____	Home Number: _____
City: _____	Work Number: _____
State: _____	Cell Number: _____
Zip: _____	Fax Number: _____
Home Email Address: _____	Spouse's First Name: _____
Work Email Address: _____	
<i>Completed MO. State Child Abuse Y - N, Protecting God's Children Y - N, Code of Conduct Y - N</i>	

District Vice-Chairperson:	
Address: _____	Home Number: _____
City: _____	Work Number: _____
State: _____	Cell Number: _____
Zip: _____	Fax Number: _____
Home Email Address: _____	Spouse's First Name: _____
Work Email Address: _____	
<i>Completed MO. State Child Abuse Y - N, Protecting God's Children Y - N, Code of Conduct Y - N</i>	

Secretary:	
Address: _____	Home Number: _____
City: _____	Work Number: _____
State: _____	Cell Number: _____
Zip: _____	Fax Number: _____
Home Email Address: _____	Spouse's First Name: _____
Work Email Address: _____	
<i>Completed MO. State Child Abuse Y - N, Protecting God's Children Y - N, Code of Conduct Y - N</i>	

Treasurer:	
Address: _____	Home Number: _____
City: _____	Work Number: _____
State: _____	Cell Number: _____
Zip: _____	Fax Number: _____
Home Email Address: _____	Spouse's First Name: _____
Work Email Address: _____	
<i>Completed MO. State Child Abuse Y - N, Protecting God's Children Y - N, Code of Conduct Y - N</i>	

CYC District Personnel Form

District: _____

Sport: _____

Sport Meeting Night: _____

Start Time for

Location of Meeting: _____

Meeting: _____

Sport Chairperson:

Address: _____

Home Number: _____

City: _____

Work Number: _____

State: _____

Cell Number: _____

Zip: _____

Fax Number: _____

Home Email Address: _____

Spouse's First Name: _____

Work Email Address: _____

Completed MO. State Child Abuse Y - N, Protecting God's Children Y - N, Code of Conduct Y - N

Sport Vice-Chairperson:

Address: _____

Home Number: _____

City: _____

Work Number: _____

State: _____

Cell Number: _____

Zip: _____

Fax Number: _____

Home Email Address: _____

Spouse's First Name: _____

Work Email Address: _____

Completed MO. State Child Abuse Y - N, Protecting God's Children Y - N, Code of Conduct Y - N

Head Official:

Address: _____

Home Number: _____

City: _____

Work Number: _____

State: _____

Cell Number: _____

Zip: _____

Fax Number: _____

Home Email Address: _____

Spouse's First Name: _____

Work Email Address: _____

Completed MO. State Child Abuse Y - N, Protecting God's Children Y - N, Code of Conduct Y - N

Secretary:

Address: _____

Home Number: _____

City: _____

Work Number: _____

State: _____

Cell Number: _____

Zip: _____

Fax Number: _____

Home Email Address: _____

Spouse's First Name: _____

Work Email Address: _____

Completed MO. State Child Abuse Y - N, Protecting God's Children Y - N, Code of Conduct Y - N

Treasurer:

Address: _____

Home Number: _____

City: _____

Work Number: _____

State: _____

Cell Number: _____

Zip: _____

Fax Number: _____

Home Email Address: _____

Spouse's First Name: _____

Work Email Address: _____

Completed MO. State Child Abuse Y - N, Protecting God's Children Y - N, Code of Conduct Y - N