

\_\_\_\_\_  
*Club/League Name*

\_\_\_\_\_  
*Number of Votes*

\_\_\_\_\_  
*P.O. Box or Street Address*

\_\_\_\_\_  
*City*                      *AZ*                      *Zip Code*

\_\_\_\_\_  
*Date*

*Per Bylaw 301, Section 3 of the Arizona Youth Soccer Association Bylaws, the delegate(s) representing*

\_\_\_\_\_ *will be:*  
*(Club/League Name)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of Club/League President*

\_\_\_\_\_  
*Please print name*

*Please attach a roster of Club/League Officers to this authorization.  
Thank you.*