



YRAC AND YS4L AFFILIATE VERIFICATION FORM

Year:

Sport governing body:

Name of your organization:

Contact phone (1): (2): Fax:

Email:

1. MEMBERSHIP BREAKDOWN M-Male / F-Female / A-Aboriginal

Athletes - Youth						Athletes - Adult					
M	F	A*		M	F	A*		M	F	A*	
		M	F			M	F			M	F

Active coaches						Active officials					
An active coach / official must have participated in your sport in the past season.											
Total certified			Total not certified			Total certified			Total not certified		
M	F	A*	M	F	A*	M	F	A*	M	F	A*

Courses your club participated in		
Category	Name of Course	# of Participants
Coaching	1.	
	2.	
	3.	
	4.	
Officials	1.	
	2.	
	3.	
	4.	
Athlete	1.	
	2.	
	3.	
	4.	

2. Did your organization attend Yukon Championships last year? Yes No
 If not, please explain why:

3. How many members from your organization participated in Yukon Championships?

4. Did your club attend any Association meetings last year? Yes No

Authorized Representative	
Signature: <input style="width: 95%;" type="text"/>	Name: <input style="width: 95%;" type="text"/>
	Position: <input style="width: 95%;" type="text"/>
	Date: <input style="width: 95%;" type="text"/>