Nassau County Youth Football League

ANNUAL MEMBER SURVEY

NAME OF ORGANIZATION: _____

MAILING ADDRESS: _____

OFFICERS:	**NAME**	**ADDRESS**	**PHONE**
Director			
Assistant			
President			

HOME FIELD: _____

SECOND FIELD: _____

PRACTICE FIELD _____

PRACTICE DAYS AND TIMES _____

PROJECTED TEAMS FOR 2002

Age Level	**Head Coach**