



UNITED STATES ADULT SOCCER ASSOCIATION

Member of the United States Soccer Federation

7000 S. Harlem Ave ~ Bridgeview, IL 60455 ~ (708) 496-6870

2017-2018 League D&O Insurance Form

Email or FAX Completed Form to: nschmitt@usasa.com | 708-496-6879

| | |
|-------------------------------|---|
| State Association Name | State Verification Officer's Name |
| Date | State Verification Officer's Signature |

League Classification - Please circle one - (Men's) (Women's) (Co-ed)

LEAGUE NAME

Mailing Address

City State ZIP

E-mail Telephone

Web Site # of Players

PRESIDENT

Mailing Address

City State ZIP

E-mail Telephone

VICE PRESIDENT

Mailing Address

City State ZIP

E-mail Telephone

SECRETARY

Mailing Address

City State ZIP

E-mail Telephone

TREASURER

Mailing Address

City State ZIP

E-mail Telephone

THIS FORM MUST BE RECEIVED BY THE USASA NATIONAL OFFICE BEFORE YOUR LEAGUE DIRECTORS AND OFFICERS WILL BE INSURED UNDER THIS POLICY. PLEASE USE AN ADDITIONAL SHEET TO LIST OTHER OFFICERS IF NEEDED.