



BOARD MEMBER APPLICATION

First & Last Name:	Enter text here	
Cell Phone:	Enter text here	
Email Address:	Enter text here	
Position Interested In:	Enter text here	
Board & Relevant Experience (list any boards you have been on, and/or soccer management experience that you have that makes you qualified for this job):	Board Experience: Enter text here Management / Skill Experience: Enter text here Soccer Experience: Enter text here	
Team & Age Group your child(ren) play for:	Enter text here	
Soccer Playing Experience (if any):	Enter text here	
Soccer Coaching Experience (if any):	Enter text here	
Sports & Technology Experience:	<input type="checkbox"/> Team Snap <input type="checkbox"/> Sports Engine <input type="checkbox"/> HUDL <input type="checkbox"/> Word/Excel/PowerPoint	<input type="checkbox"/> OTHER: Enter text here
Questions you have:	Enter text here	
Additional Comments:	Enter text here	

Email a copy of this form to INFO@BENNINGTONSOCCER.ORG for consideration