

League/Organization Info Sheet We submitted this information on ___/___/___

Organization Name: _____ For Profit Non-profit

President's Name: _____

Address: _____

Activity Type: _____ Total # of Participants in League: _____

Breakdown by Division: _____

Federal Tax I.D. #: _____

Insurance Company: _____

Policy #: _____ * *Required – a copy of certificate must be attached*

Web Site URL: _____

e-mail address: _____

Contact Person

Must be a live person that we can call when the need arises, not a machine! We won't give this information out unless you say that we can.

Name: _____ Title: _____

Address: _____

Home phone: _____ Cell phone: _____

Work phone: _____ e-mail: _____

What information can we give out to the public? _____

Required Information to be completed by League/Organization President or CORI Administrator:

Name of CORI Administrator: _____

Address: _____

I understand and verify that all league officers, coaches, officials and volunteers have been CORI checked through the league for the 2009 season according to Massachusetts State Law.

Signature Required by League/Organization President or CORI Administrator: _____

Please help us better communicate your league news to the public through our web page. We can edit, add or make any necessary adjustments. Confirm we have your information accurately posted