

Date (YYYY-MM-DD) \_\_\_\_\_

# Ambassador Registration Form

## Personal Information

This is an interactive form. Simply click on each field and type in the information. Once complete, e-mail by pushing the Submit button. If you have a problem, you can print the form and scan. Our e-mail address is Ambassador@SpokaneShadow.org.

Family Last Name _____	City _____
Parents Names _____	State/Province _____
Player Name _____	Zip/Postal Code _____
Team _____	Telephone/Cell _____
Address _____	e-mail _____

## Event Interest

Indicate the events you would be most interested in :

<input type="checkbox"/> SYSA Soccer Food Drives	<input type="checkbox"/> Snow Removal for Elderly	<input type="checkbox"/> Habitat for Humanity Project
<input type="checkbox"/> TopSoccer Buddy	<input type="checkbox"/> Snow Removal from Fields	<input type="checkbox"/> Catholic Charity Projects
<input type="checkbox"/> Ronald McDonald House	<input type="checkbox"/> Field Maintenance	<input type="checkbox"/> Shadow Play Day Assistance
<input type="checkbox"/> Youth Advancement Program	<input type="checkbox"/> Shriners Hospital Assistance	<input type="checkbox"/> Misc Projects
<input type="checkbox"/> Shadow Wendle Festival	<input type="checkbox"/> SYSA Tender Moments	Suggest? <input type="text"/>

The objectives of the Shadow Ambassadors Program are as follows:

Provide Shadow Youth Soccer Club players the opportunity to positively interact with and give back to the local community;

Instill a sense of responsible community service in our players;

Elevate the profile of the Club in the community;

Serve as the basis for a broader Club leadership program to be developed over time.

Players who choose to join the program commit to participate in three "events" from the time they enroll in the program and through their team commitment prior to tryouts.

Certain events will be scheduled well in advance, easing scheduling conflicts. At other times the Shadow Ambassadors will be called upon to pitch in with unforeseen projects.

Upon successful completion of the program and just prior to tryouts, Ambassadors will receive a Certificate of Completion, Letter of Commendation signed by the program sponsor, Board President and Technical Director. We will also submit press releases to multiple media outlets.

Spokane Shadow Ambassadors Program is administered by the Shadow Youth Soccer Club, Spokane Soccer Academy and Northern Capital Management, Inc.

By submitting this registration form you are agreeing to abide by the terms and rules of conduct as established by the Shadow Ambassadors Program. Further, you understand and consent to allow your name, photograph and details related to your Ambassador activities to be distributed to various media, schools, associations, clubs and other general news sources. It is understood the Shadow Ambassador Program owns rights to any and all photographs and/or video media, of which you may be a part.