

TRI-COUNTY JUNIOR FOOTBALL CONFERENCE  
 REPRESENTATIVES SUBMITTAL/UPDATE FORM

DATE:

ORGANIZATION NAME:   
 CHANGES AUTHORIZED BY:  (PLACE SIGNATURE HERE)

ORGANIZATION MAILING ADDRESS:   
 CITY:   
 ZIP CODE:

ORGANIZATION WEBSITE ADDRESS:

**PRIMARY REPRESENTATIVE 1:** NEW? YES / NO REMOVE? YES / NO

NAME: FIRST  LAST   
 ADDRESS:   
 CITY:   
 ZIP CODE:   
 PRIMARY PHONE ( )    
 ALTERNATE PHONE ( )    
 E-MAIL ADDRESS

**PRIMARY REPRESENTATIVE 2:** NEW? YES / NO REMOVE? YES / NO

NAME: FIRST  LAST   
 ADDRESS:   
 CITY:   
 ZIP CODE:   
 PRIMARY PHONE ( )    
 ALTERNATE PHONE ( )    
 E-MAIL ADDRESS

**ALTERNATE REPRESENTATIVE 1:** NEW? YES / NO REMOVE? YES / NO

NAME: FIRST  LAST   
 ADDRESS:   
 CITY:   
 ZIP CODE:   
 PRIMARY PHONE ( )    
 ALTERNATE PHONE ( )    
 E-MAIL ADDRESS

**ALTERNATE REPRESENTATIVE 2:** NEW? YES / NO REMOVE? YES / NO

NAME: FIRST  LAST   
 ADDRESS:   
 CITY:   
 ZIP CODE:   
 PRIMARY PHONE ( )    
 ALTERNATE PHONE ( )    
 E-MAIL ADDRESS