NEW JERSEY AMERICAN YOUTH FOOTBALL
JERSEY SHORE CONFERENCE

1901 ROUTE 71 SUITE 3D, WALL, NJ 07719
INFO@NJAYF.ORG - WWW.NJAYF.ORG

2025 FRANCHISE MEMBERSHIP APPLICATION

Please complete this form and return it to the NJAYF Secretary.
This form must be completed in its entirety, regardless of whether or not your Franchise has held its annual election of officers.

LEGAL NAME OF FRANCHISE:			
FULL MAILING ADDRESS *(official mail cannot go to a PO Box)*:			
EMAIL ADDRESS FOR OFFICIAL USE:	NAME OF EMAIL CONTACT:		
NAME OF CORPORATE AGENT ☐ OR SECRETARY ☐ *(indicate applicable party In the check boxes):*			
CORPORATE AGENT FULL ADDRESS:			
INCORPORATED? YES ☐ NO ☐ YEAR:	CORPORATE STATUS: ACTIVE ☐ INACTIVE ☐ UNSURE ☐	NJ CORPORATE CODE:	FEDERAL TAX ID #:
NJ TAX EXEMPT ID #:	NJ CHARITABLE REG #:	GAME DAY CONTACT:	GAME DAY CONTACT PHONE #:

GAME DAY SITE LOCATION *(give directions on separate sheet if changed or incorrect)*:	
PRACTICE SITE LOCATION *(give direction on separate sheet of paper if changed):*	WEBSITE ADDRESS *(if any):*

CURRENT REGISTRATION FEE CHARGED TO PARTICIPANTS				
1ST CHILD:	2ND CHILD:	3RD CHILD:	FAMILY RATE:	OTHER:

HAVE YOU MADE ANY REVISIONS TO YOUR FRANCHISE'S BY-LAWS, RULES, ETC. SINCE YOU LAST COMPLETED THIS FORM? YES ☐ NO ☐
IF SO, HAVE YOU SUPPLIED THE NJAYF SECRETARY WITH A COPY OF IT? YES ☐ NO ☐

FRANCHISE OFFICERS

The officers listed in the key herein are those officers that the NJAYF Conference Titles mandate as part of your Franchise membership requirements. A name and completed information must be provided for each of the officers requested. List the names in accordance with the Office # Key provided below. Use the number that best describes that position. Also, if elections are pending and you expect a change in that office, place the name of the current officeholder and then once elections are held, file a new form with NJAYF. One of the purposes of this information is to complete a Conference Directory, so it is important that this information be clear and accurate.

OFFICE # KEY: **01 PRESIDENT** **02 VICE PRESIDENT** **03 TREASURER** **04 SECRETARY** **05 LEAGUE REPRESENTATIVE**

06 ALTERNATE LEAGUE REPRESENTATIVE **07 SCHOLASTIC COORDINATOR** **08 INSURANCE COORDINATOR**

09 FOOTBALL COMMISSIONER **10 CHEER COMMISSIONER**

OFC #	NAME	ADDRESS	ZIP CODE	PHONE	EMAIL ADDRESS
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					

PARTICIPANT TEAM/SQUAD PROJECTIONS FOR THIS YEAR								FRANCHISE REAFFIRMATION AND CERTIFICATION	
Projected # of **FALL FOOTBALL** teams:							Projected # of **FALL FLAG FOOTBALL** teams: *5 & 6 year olds ONLY*	By completing this franchise membership application, I am reaffirming the tenets of the Franchise Agreement that this Franchise has with the NJAYF CONFERENCE, Inc. I also certify that the information provided on this form (front and backside) to be true and correct to the best of my knowledge and belief, and that I am authorized by the Franchise whose name appears herein to execute this document on their behalf.	
7U	8U	9U	10U	11U	12U	14U			
Projected # of **FALL CHEER** *(Dance Included)* teams:							Projected # of **FALL FLAG CHEER** *(Dance Included)* teams: *5 & 6 year olds ONLY*	COMPLETED BY:	TITLE:
D6	D8	D10	D12	D14	D16			SIGNATURE:	DATE: