

## **EAAD REPRESENTATIVE FORM**

Date: \_\_\_\_\_

Club Team Representative: \_\_\_\_\_  
(Club Officer or Coach)

**OR**

Independence Team Representative: \_\_\_\_\_

Team Representative: \_\_\_\_\_  
(Coach or Player)

Name of Respective Club/Independence: \_\_\_\_\_

Club/Independence's Signature: \_\_\_\_\_  
(Club President or Independence Coach)

Fill out the form and send it to: Alexandria Pucciarelli, EAAD Secretary/Treasurer,  
147 Jerome Avenue, Staten Island, NY 10305-4405  
Please contact: *EAADSecTreas@gmail.com*.