

REGION STATUS CHANGE REPORT

The law is very specific regarding the fiduciary responsibility of non-profit corporations and their Executive Members. When it is contemplated that the status of a Region should be changed, there are certain procedures that must be followed with respect to determining the reason for the change and in identifying and securing the assets of AYSO. The purpose of this form is to provide the National Board of Directors with the details necessary to properly determine the status of a Region and to ensure the action taken is appropriate to the circumstances.

**THIS FORM IS TO BE COMPLETED BY THE AREA DIRECTOR OR SECTION DIRECTOR.
BOTH THE AREA DIRECTOR AND SECTION DIRECTOR MUST SIGN THE FORM.**

Mail or FAX completed form to:

AYSO National Office, 19750 S. Vermont Ave, Suite 200., Torrance, CA 90502 FAX 310-525-1155

Notify the the Member Services Department of this action by calling 800-872-2976 X7962

Section: _____ Area: _____ Region: _____		CURRENT STATUS: <input type="checkbox"/> PILOT REGION <input type="checkbox"/> CHARTER REGION	
Region Name/Community: _____			State: _____
Today's Date: _____	Pilot Date: _____	Charter Date: _____	
Registered Players (current year)	Registered Players (last year)	Registered Volunteers (current year)	
Money owed to AYSO: _____	Money owed to any vendor or service provider: _____	Money in the bank (if known): _____	

EXTEND THIS PILOT REGION'S STATUS:

6 MONTHS 12 MONTHS 18 MONTHS OTHER: _____

CHANGE THIS REGION'S STATUS TO:

SUSPENDED PILOT REGION REVOKED PILOT REGION SUSPENDED CHARTER REGION REVOKED CHARTER REGION

Reason for this action:

Who informed you? (Name & position)	
Date Section Director was notified:	By whom:
Date National Office was notified:	Name of person at National Office who was notified:
Have bank accounts been closed? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, by whom?
Was a check forwarded to the National Office? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, where was the check sent?</i>	

Region equipment and other assets acquired while this Region was with AYSO remain the property of AYSO.

Attach a list of any known equipment and other assets. Below, provide contact information for a person who knows the location of such property.

Name		Street Address		
City	State	Zip Code	Area Code	Home Telephone

Additional comments; including any plans for re-starting the region:

Section Director: _____

Area Director: _____

Signature: _____ Date _____ Signature: _____ Date _____

<i>For office use only:</i>	National Secretary: _____	Approval Date: _____
Account Closed by: _____		Closure Date: _____