



**Proxy**

Florida Youth Soccer Association  
2828 Lake Myrtle Park Road  
Auburndale, FL 33823

*(Per Bylaw 7, Bylaw 8.6, Bylaw 8.7, Rule 101.6 and Rule 5008.5)*

**FYSA Credentials Committee:**

**WE/I** \_\_\_\_\_  
Name of Organization/Affiliate (or individual if not representing FYSA club/league)

**Agent of Record for Organization (if applicable)** \_\_\_\_\_  
(as specified in FYSA Rules 101.6 and 5008.5) (PLEASE PRINT NAME)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

Phone Numbers: Day \_\_\_\_\_ Evening \_\_\_\_\_

do hereby **give permission to:** \_\_\_\_\_  
(PRINT CLEARLY)

to cast our/my proxy vote on any and all business that requires voting of the eligible members at the General Business meeting(s).

This proxy is valid only for \_\_\_\_\_  
[Date(s) and/or Event(s)]



**STATE OF FLORIDA**

The foregoing instrument was acknowledged by \_\_\_\_\_, who is personally

known to me or who has produced \_\_\_\_\_ as identification and who did (did not) take an oath.

Notary Public Commissioner No. \_\_\_\_\_

(Seal Above)

\_\_\_\_\_  
Name of Notary (typed, printed or stamped)

**ONLY PROXIES WITH ORIGINAL SIGNATURES AND ORIGINAL NOTARY INFORMATION WILL BE ACCEPTED. Faxed, scanned, e-mailed or any other type of copy of this form submitted will be REJECTED per Bylaw 8.7.**