

LEAGUE NAME OR REFEREE DISTRICT _____

- COMPLETE THE RISK MANAGEMENT DISCLOSURE FORM - NEATLY AND LEGIBLY
- PLACE THE COMPLETED FORM IN THIS SPECIAL ENVELOPE AND SEAL THE ENVELOPE
- FILL IN THE REQUESTED INFORMATION ON THIS ENVELOPE
- RETURN THE SEALED ENVELOPE TO YOUR LOCAL LEAGUE OR RISK MANAGEMENT COORDINATOR

LAST NAME

FIRST NAME

M.I.

LAST 4

____/____/____
DATE

PLEASE PRINT CLEARLY - ONE FORM PER ENVELOPE

DIGITS OF SS #