

CONFLICT OF INTEREST FORM

Name: _____

Position: _____

I acknowledge reading the Illowa Youth Soccer Conflict of Interest policy and I agree to bring to the attention of the proper level of authority any real or perceived conflicts of interest that may arise during the course of my tenure with Illowa Youth Soccer.

Such conflicts include but are not limited to, personal affiliations, professional affiliations, business dealings, dealings with other boards, and so forth. Known conflicts are listed below.

Additionally, I agree to abide by the direction and decision rendered by Illowa Youth Soccer.

Known conflicts of Interest:

Signature: _____

Date: _____