# CERTIFIED BOARD MEMBERS AND COACHES

**Northern California Federation Junior Youth Football**

**20__ Season**

**Conference _____ Association _____**

| Member's Name | Street Address With City | Phone | Megan's? | Date of Test |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

By our signature of this date of_____we certify the above Board Members and Coaches to have successfully completed and passed the "NCF Rule Book Test" and are eligible under the By-Laws of the Northern California Federation Junior Youth Football. This roster will be updated any time new Board Members or Coaches are certified and a current copy will be immediately submitted to the Deputy Commissioner.

President _____

☐ Check here is roster is continued on page two