AREA/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 AND SIGNED BY THE AREA DIRECTOR AND/OR SECTION DIRECTOR AS APPROPRIATE.

Email the completed form to EMAppt@ayso.org

Section: *Area:* *Region:*	Current Status: ◯ Pilot Region ◯ Charter Region ◯ Area
Area/Region Name/Community:	State(s):

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 AREA/REGION'S STATUS TO:			
◯ Suspended Pilot Region	◯ Revoked Pilot Region	◯ Suspended Charter Region	◯ Revoked Charter Region	◯ Revoked Area

Reason for this action:

Who informed you? (Name & position)	
Who notified the Section Director:	Date Section Director notified:
Name of National Office Staff who was notified:	Date National Office notified:
Have bank accounts been closed? ◯ YES ◯ NO	If yes, by whom?
Was a check forwarded to the National Office? ◯ YES ◯ NO	If no, where was the check sent?

Area/Region equipment and other assets acquired while this Area/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:	Address:
Phone Number:	Email:

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

APPROVAL – As Applicable

Area Director:	Signature:	Date:
Section Director:	Signature:	Date:

For office use only:	National Secretary:	Approval Date:
Account Closed by:		Closure Date: