

Arlington Heights Park District
2008 Soccer Advisory Committee Application



Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Why are you interested in serving on the Soccer Advisory Committee?

What is your experience with Arlington Heights Park District Soccer Program?

What is your philosophy on youth sports?

What other knowledge, qualifications and skills would you bring to the position?

Additional Comments:

References (Please list three)

Name	Address	Phone Number
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Signature: _____ Date: _____

Return this application to:

John Robinson

Arlington Heights Park District
Administration Center
410 N. Arlington Heights Rd.
Arlington Heights, IL 60004

Due Date: February 16, 2008

Revised 11/8/07