

## **AFFILIATE VERIFICATION**

											Year:		
Name of Yo	ukon sport	t governing	g body			Name	e of	your o	rganizatio	n			
Contact person's name			Contact phone			Email							
Membersh	nip breako	lown											
			Non-Aborigin	nal						Abo	original		
Athletes	Male	Female	Non-binary of other gender		Unknown o		Ma	ale	Female		-binary or er gender	Unknown or prefer not to say	
Youth													
Adult													
Active coa	aches and	lofficials	("active" me	nas	participate	d in yo	our :	sport i	n the past	seas	on)		
Role	Name				ommunity		1	NCCP :	#	Ge	ender	Aboriginal identity	
Courses y	our club	participat	ed in										
Category	Name	of training	g, workshop	or <sub>I</sub>	program						Number	of participants	

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Did your organization attend Yukon Championships last year?  If yes, how many members from your organization participated?  If no, explain why:		Yes	No
Did your club or representative attend any Yukon sport governing body board me	eetings last year?	Yes	□No
Signature of affiliate representative	Date		
Name of affiliate representative (print)	Position		