



FLORIDA FOOTBALL ALLIANCE, INC.

305 SW 5TH AVENUE
DELRAY BEACH FL 33444, (407) 619-5892
www.ffafootball.com

Membership Application

APPLICANT INFORMATION

Team Name:		Contact Person:	
Street Address		E-mail Address	
City	State	ZIP	
Phone	Fax Number		
What are your team colors?		What color are your helmets?	
Have you ever applied for membership in the Florida Football Alliance before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been in another football league before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, which one and why did you leave?
Is this the first year that your team has been in existence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not, what year did your team form?
Are you registered with the state of Florida as a corporation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, please attach proof of registration? If not, when do you plan to register?
Have you secured insurance for your team?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, please attach proof of insurance? If not, when do you plan to obtain insurance?
Does your team have an established website?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, what is the website address? If not, when do you plan to develop a website?
Do you have a game field secured for January through May?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, please attach proof of contract? If not, when do you plan to secure a field?
Does your game field have field lights?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Comments
Does your game field have bleachers/stands?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Comments
Does your game field have locker rooms for opposing teams and officials?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Comments
Does your game field have shower facilities for opposing teams and officials?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Comments
Do you have access to a concession stand at your game field?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Comments
Do you have an emergency action plan?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Comments

The Florida Football Alliance requires that all applicants submit an annual budget to be considered for membership. Please complete the budget information on page 2 of the application.

DISCLAIMER AND SIGNATURE

I certify that have not knowingly withheld any facts in completing this form. It is further agreed that any misrepresentation by me in this form will be sufficient cause for terminating my membership eligibility. I authorize Florida Football Alliance, Inc. to conduct an investigation of the contents of this form and will not hold anyone liable who supplies information.

Authorized Signature
[Owner(s) / Operating Officer(s)]

Date

Return completed application, required attachments, and check/money order for application fee (\$250) to: The Florida Football Alliance, 305 SW 5TH AVENUE DELRAY BEACH FL 33444.

TEAM ANNUAL BUDGET

INCOME

Registration Fees	_____
Team Fees	_____
Ticket Sales	_____
Concession Sales	_____
Fundraising	_____
Merchandise Sales	_____
Sponsorships	_____
Other	_____
TOTAL INCOME	_____

EXPENSES

Advertising & Printing-Other	_____
Other Fundraising	_____
Concession Expense Food	_____
League Fees	_____
Practice Field	_____
Game Field	_____
Phone	_____
Bank Charge/Fees	_____
Football Equipment Game Balls	_____
Game Officials	_____
Corporation Set-Up Expenses & Fees	_____
Laundry	_____
Insurance	_____
Salaries – Announcer, Film Crew, Etc.	_____
Security	_____
Office & Other Supplies	_____
Travel Transportation (Bus Rental)	_____
Uniforms - Players	_____
Uniforms - Coaches	_____
Merchandise Sales Expense	_____
Website	_____
Miscellaneous Expenses	_____
TOTAL EXPENSES	_____
NET INCOME (LOSS)	=====