

San Francisco Recreation and Parks Department
Board Member Certification Form
For Approved Public Benefit Leagues, Clubs and Programs

League/Club/Program Name:

Season of Play:

Board Member Last Name:

Board Member First Name:

Email:

Phone:

City of Residence:

I certify that neither I nor any Family Member (Family members include parents, children, grandparents, grandchildren, spouses or domestic partners (regardless of whether they reside with you) OR any other person residing in the same home as you receive compensation directly or indirectly from the league or any participant team except as described below (compensation includes any fee waivers)

No Exceptions

Exceptions: Please describe:

Are you a participant in the league or a parent or guardian of a participant in the league/program/club:

No I am neither

Yes I am

I certify the the foregoing information is true: