

AMERICAN YOUTH SOCCER ORGANIZATION

NAGM 2023 MOTION

**Title**:

**Date**:

**Agenda Request by**:

**Contact Person:**

Does this item have a **fiscal impact** on the Organization? \_\_\_\_Yes \_\_\_No If yes, provide detailed cost impacts/projections for consideration.

Additional Documentation Attached? \_\_\_\_Yes \_\_\_No

Bylaw/Rules & Regs #\_\_\_\_ or Proposed # \_\_\_\_\_\_\_\_

Effective Date of Proposed Change:

**RECOMMENDED MOTION LANGUAGE:**

**BACKGROUND:**

**DISCUSSION:**