

CENTRAL PENN YOUTH SOCCER LEAGUE

2019 SPRING CPYSL LEAGUE FEES

A completed copy of this form, along with payment, must be submitted to the CPYSL office by February 8.

Club: _____

Date: _____

LEAGUE FEE X # OF TEAMS = TOTAL DUE

CPYSL League Fee \$100.00 X _____ = \$ _____

Due for teams playing in CPYSL's Spring 2019 season.

CHECK NUMBER _____ TOTAL \$ _____

LIST OF TEAMS FOR WHICH YOU ARE PAYING FEES:

	Age & Gender	EPYSA ID	Team Name
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
11)			
12)			
13)			
14)			
15)			

PLEASE LIST ADDITIONAL TEAMS ON THE REVERSE SIDE OF THIS FORM.

LIST OF TEAMS FOR WHICH YOU ARE PAYING FEES:

	<i>Age & Gender</i>	<i>EPYSA ID</i>	<i>Team Name</i>
16)			
17)			
18)			
19)			
20)			
21)			
22)			
23)			
24)			
25)			
26)			
27)			
28)			
29)			
30)			