

CENTRAL PENN YOUTH SOCCER LEAGUE

FALL 2019 INITIAL TEAM AND PLAYER REGISTRATION AND FEES

SUBMIT ONE FORM FOR EACH TEAM THAT IS READY FOR APPROVAL.
 PAYMENT FOR THIS TEAM IS DUE WITH THIS FORM.
 ONE CHECK CAN BE WRITTEN FOR MULTIPLE TEAMS SUBMITTED AT THE SAME TIME.

Form and payment should only be submitted when team is COMPLETELY READY FOR APPROVAL.

- 1) Proof of birth must be provided for every player.
- 2) Player's name and date of birth must match proof of birth...no nicknames.
- 3) Photos must be uploaded for every player and coach.

Club: _____ Date: _____

EPYSA ID: _____ Age Group, U- _____ F/M _____

Team Name _____ Aug. Tourn.

Yes	No
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Tour. Date _____

<u>CPYSL AND EPYSA FEES</u>	
EPYSA Team Fee <small>(yearly per team fee collected by CPYSL & paid to EPYSA)</small>	\$ <u>7.00</u>
EPYSA Insurance Fee <small>(yearly per team fee collected by CPYSL & paid to EPYSA)</small>	\$ <u>32.00</u>
# PRIMARY PLAYERS _____ x <u>\$13.00</u> = \$ _____ <small>(yearly per player fee collected by CPYSL & paid to EPYSA: \$1.50 CPYSL, \$11.50 EPYSA)</small>	
Total due for this team.	

Name of Club Registrar submitting this form: _____

If Club has multiple Registrars, provide email for the Registrar responsible for this team: _____