

Michigan State Premier Soccer Program

APPLICATION for AFFILIATION – Fall 2018

Name of League or Association: _____

Address: _____ Phone: _____

City, State, Zip: _____ Date: _____

On behalf of the above named League or Association, I attest it to be an affiliated MSYSA member league in good standing which desires to sponsor, and hold responsibility for, the following teams into the Michigan State Premier Soccer Program (MSPSP) seasonal year for each team so sponsored. Fall fees: \$550 for all teams.

Please note MSPSP Rule 8 Section 3:

(3) Payment for team affiliation into the Premier Program must be submitted by the league that affiliates the team(s).

ONE league check must be submitted FROM the affiliating league.

Number of Teams to be Sponsored by the League (attach team form): _____

Affiliating League President (Print Name): _____

Signature of Affiliating League President: _____

Signature(s) Affiliating League Co-Signer (Persons other than president authorized to sign paperwork in your league, if any).

1.(Print Name) _____ (Signature) _____

2.(Print Name) _____ (Signature) _____

MSPSP Contacts: This Official will be contacted with regards to all MSPSP matters in their areas of responsibility.

MSPSP Delegate: _____ e-mail _____

Address: _____ Phone: _____

City, State, Zip: _____

Field Scheduler: _____

Email: _____ Phone: _____

Cert. Referee Assignor: _____

Email: _____ Phone: _____

TEAM SPONSORSHIP

(Duplicate this form as necessary to list all teams sponsored for this season only)

Name of League or Association: _____

Age: U- _____ Gender: _____ Team Name: _____

Reg. Fee N _____ Coach's Name: _____ Phone: _____

Fines: _____ City, State, Zip: _____

Local (AR) Referee Assignor: _____ Email: _____

Age: U- _____ Gender: _____ Team Name: _____

Reg. Fee N _____ Coach's Name: _____ Phone: _____

Early Pass: _____ Address: _____

Fines: _____ City, State, Zip: _____

Local (AR) Referee Assignor: _____ Email: _____

Age: U- _____ Gender: _____ Team Name: _____

Reg. Fee N _____ Coach's Name: _____ Phone: _____

Early Pass: _____ Address: _____

Fines: _____ City, State, Zip: _____

Local (AR) Referee Assignor: _____ Email: _____

Age: U- _____ Gender: _____ Team Name: _____

Reg. Fee N _____ Coach's Name: _____ Phone: _____

Early Pass: _____ Address: _____

Fines: _____ City, State, Zip: _____

Local (AR) Referee Assignor: _____ Email: _____