

# Michigan State Premier Soccer Program

## APPLICATION for AFFILIATION – Fall 2019

Name of League or Association: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Date: \_\_\_\_\_

On behalf of the abovenamed League or Association, I attest it to be an affiliated MSYSA member 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.

**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.*

**Fall Registration Cost: \$550 per team**

**Number of Teams to be Sponsored:** \_\_\_\_\_

Affiliate (League, or Club if MSYSA Direct Member): \_\_\_\_\_

Signature of Affiliating President: \_\_\_\_\_

Persons other than president authorized to sign paperwork regarding your affiliates, if any:

1.(Print Name) \_\_\_\_\_ (Signature) \_\_\_\_\_

2.(Print Name) \_\_\_\_\_ (Signature) \_\_\_\_\_

### Club Info

**Primary Contact:** \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Cert. Local (AR) Referee Assignor:** \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

# 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 \_\_\_\_\_ Coach's Name: \_\_\_\_\_

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Age: U- \_\_\_\_\_ Gender: \_\_\_\_\_ Team Name: \_\_\_\_\_

Reg. Fee \_\_\_\_\_ Coach's Name: \_\_\_\_\_

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Age: U- \_\_\_\_\_ Gender: \_\_\_\_\_ Team Name: \_\_\_\_\_

Reg. Fee \_\_\_\_\_ Coach's Name: \_\_\_\_\_

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Age: U- \_\_\_\_\_ Gender: \_\_\_\_\_ Team Name: \_\_\_\_\_

Reg. Fee \_\_\_\_\_ Coach's Name: \_\_\_\_\_

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Age: U- \_\_\_\_\_ Gender: \_\_\_\_\_ Team Name: \_\_\_\_\_

Reg. Fee \_\_\_\_\_ Coach's Name: \_\_\_\_\_

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