

Michigan State Premier Soccer Program AFFILIATION FORM

Season: _____

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 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.

Name: _____

Signature(s): _____

MSPSP Delegate / Representative: _____

e-mail _____

Phone: _____

Certified Referee Assignor: _____

Email: _____

Phone: _____

TEAM SPONSORSHIP

(Duplicate the following pages as necessary to list all teams sponsored for this season only)

Total number of teams: _____

'New' Teams: _____

'Returning' teams (spring only): _____

Price per team for Fall:

\$550 per Fall team

Price per team for Spring:

\$200 (returning) per team returning from Fall

\$550 (new) teams not returning from Fall

Amount owed to MSPSP: _____

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

Reg. Fee: New (550) / Returning (200)

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

Reg. Fee: New (550) / Returning (200)

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

Reg. Fee: New (550) / Returning (200)

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

Reg. Fee: New (550) / Returning (200)

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

Reg. Fee: New (550) / Returning (200)

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

Reg. Fee: New (550) / Returning (200)

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

Reg. Fee: New (550) / Returning (200)