

Eastern Pennsylvania Youth Soccer Association Registration Payment Voucher 2011/2012

Name of Organization:			Date:		
Submitted by:		Title:		Phone: ()	
Address:			Email:		
City:		State:		ZIP:	

ALL LEAGUES:						
Affiliation Fee	\$25.00	x		Number of Delegate Votes	=	\$ 4050-201

INTRAMURAL/RECREATIONAL LEAGUES:						
Player Fees	\$ 5.50	x		Number of Players	=	\$ 4010-201
Team Administration Fee*	\$ 6.00	x		Number of Teams*	=	\$ 4020-201
Medical Insurance**	\$25.00	x		Number of Teams**	=	\$ 4080-204
TOTAL						\$
<small>* Calculate the cost by dividing the total registration figure by eighteen (18) and multiplying by the amount due—please round to the next highest number—no decimals ** Recreational leagues must submit to EPYSA medical insurance fee for each team</small>						

TRAVEL LEAGUES:						
Player Fees	\$ 8.50	x		Number of Players	=	\$ 4030-201
Team Administration Fee	\$ 6.00	x		Number of Teams	=	\$ 4040-201
Medical Insurance*	\$25.00	x		Number of Primary Teams	=	\$ 4080-204
Secondary Players	\$ 3.00	x		Number of Players	=	\$ 4033-201
In House to Travel	\$ 3.00	x		Number of Players	=	\$ 4034-201
Player Transfer Fee	\$ 1.00	x		Transferred Players	=	\$ 4035-201
Player Release Fee	\$ 1.00	x		Released Players	=	\$ 4036-201
TOTAL						\$
* Travel Leagues must submit to EPYSA medical insurance for each primary team registered in their league						

OTHER PAYMENTS TO EPYSA:		
_____	\$	
TOTAL AMOUNT ENCLOSED (Total of all Shaded Areas)	\$	

Make checks payable to **EPYSA** and return to:
Eastern Pennsylvania Youth Soccer, 4070 Butler Pike, Suite 100, Plymouth Meeting, PA 19044