

Eastern Pennsylvania Youth Soccer Association

Two Village Road, Suite 3, Horsham, PA 19044 • Phone (215) 657-7727

Registration Payment Voucher 2009/2010

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						\$	
<small>* Travel Leagues must submit to EPYSA medical insurance for each primary team registered in their league</small>							

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

Make checks payable to **EPYSA** and return to: EPYSA, 2 Village Road, Suite 3, Horsham, PA 19044