



FALL 2024-2025 INTRAMURAL PAYMENT

Organization Information

*Organization Name:

*First and Last Name of Person Submitting Payment:

*Phone Number:

*Club Mailing Address:

*City:

*E-Mail (needed to receive payment confirmation):

*State:

*Zip Code:

Determine Amount Due For Intramural

- + Number of teams is calculated by dividing the total player registration by 14.
- + Insurance is calculated based upon the number of teams per organization multiplied by the insurance fee of \$39 per team.

Player Fees (\$ \$9.75 per	Please add your club's number of players	<input type="text"/>	<input type="text"/>
Player Team Administration Fee* \$39 per team. Includes Insurance.			<input type="text"/>
Affiliation Votes (Fall) Use affiliation schedule below to determine # of votes. \$25 per vote.	Number of votes from table below	<input type="text"/>	<input type="text"/>
		TOTAL:	<input type="text"/>

Affiliation Vote Schedule - Full Members

Number of Registered Players	Number of Delegate Votes
25-100	1
101-500	2
501-1,000	3
1,001 - 2,000	4
2,001 - 3,000	5
3,000 or more	1 additional delegate vote for each 1,000 additional registered players or part thereof

Payable to:

Eastern Pennsylvania Youth Soccer
Attn: Intramural Payment
4070 Butler Pike, Suite 100
Plymouth Meeting PA 19462