



SPRING 2024-2025 INTRAMURAL PAYMENT

Organization Information

*Organization:

*First and Last Name of Person Submitting Payment:

*Phone Number:

*Club Mailing Address:
*Street:

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

*City:

*State:

*Zip:

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"/>	<input type="text"/>
TOTAL:		<input type="text"/>

Payable to:

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

Please Note: This form is only needed for new Spring players who did not register in the Fall.