



SPRING 2024
INTRAMURAL PAYMENT
ORGANIZATION INFORMATION

***Organization Name:**

***First and Last Name of Person Submitting:**

***Phone Number:**

***Club Mailing Address:**

***City:**

***State:**

***Zip Code:**

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

DETERMINE THE AMOUNT DUE FOR INTRAMURAL

+Number of teams is calculated by dividing the total number of intramural players by 14.

+Team administration fee, which includes insurance, is calculated based on the number of teams per organization multiplied by the insurance fee of \$39 per team.

Enter total number of intramural players:

Player Fee(s): \$9.75 x

Team Administration Fee:

TOTAL AMOUNT DUE:

Payable to:

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