



FALL 2023-2024
INTRAMURAL PAYMENT
ORGANIZATION INFORMATION

***Organization Name:**

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

***Phone Number:**

***Club Mailing Address:**

***City:**

***State:**

***Zip Code:**

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

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 (\$)\$9.75per	Please add your club's Number of Players	
Player Team Administration Fee* <i>Includes Insurance</i>		
Affiliation Votes (Fall) <i>(Use Affiliation Schedule below to determine # of votes)</i>	Number of Votes from table below	
	TOTAL	



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
3,001 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