

SOUTH CAROLINA YOUTH SOCCER ASSOCIATION CLUB REGISTRATION FEE FORM

CLUB: _____

TREASURER'S _____

CLUB #: _____ DISTRICT: _____

NAME AND _____

REGISTRAR: _____

ADDRESS: _____

INVOICE #: _____

E-MAIL ADDRESS: _____

Team Rostering Fee	_____	@	\$10.00	=	_____
Coach/Asst Registration per team.....	_____	@	\$10.00	=	_____
Club Coach/DOC Pass	_____	@	\$50.00	=	_____
Classic Player Registration	_____	@	\$20.00	=	_____
Recreation Player Registration (U6-U8)	_____	@	\$8.00	=	_____
Recreation Player Registration (U9-U19)	_____	@	\$10.00	=	_____
Player Release	_____	@	\$5.00	=	_____
Player Transfer	_____	@	\$25.00	=	_____
Roster to Classic Team	_____	@	\$15.00	=	_____
Replacement Player/Coach Pass	_____	@	\$5.00	=	_____
Tournament Team Roster	_____	@	\$10.00	=	_____
Guest Player Roster	_____	@	\$10.00	=	_____
Miscellaneous (explain)	_____	@		=	_____
	TOTAL:				_____

Signature: _____

Date: _____

KEEP A COPY FOR YOUR RECORDS!

Revised 6/2005