



# GREATER CENTRAL FLORIDA YOUTH SOCCER LEAGUE SPRING 2014 CLUB DECLARATION VOUCHER

**PLEASE PRINT LEGIBLY !**

CLUB INFORMATION		
<b>CLUB CODE:</b> ___ _ _	<b>CLUB WEB SITE:</b>	
President:	Phone:	Email:
Registrar:	Phone:	Email:
Field Assignor:	Phone:	Email:
Treasurer:	Phone:	Email:

TEAM DECLARATION VOUCHER					
<u>Age Div</u>	<u># of Teams</u>	<u>Affiliate Fee/Team</u>	<u>Associate Fee/Team</u>	<u>Fee Due</u>	<u>Fee Paid</u>
U8		\$30.00	\$150.00		
U9		\$35.00	\$150.00		
U10		\$35.00	\$150.00		
U11		\$80.00	\$150.00		
U12		\$80.00	\$150.00		
U13		\$80.00	\$150.00		
U14		\$80.00	\$150.00		
U15		\$80.00	\$150.00		
U16		\$80.00	\$150.00		
U17		\$80.00	\$150.00		
U18		\$80.00	\$150.00		
U19		\$80.00	\$150.00		
				<b>Sheet Total:</b>	

<b>Check No.:</b>		<b>Check Amount:</b>	
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**REMINDER:** AFFILIATE CLUBS DECLARING TEAMS IN GCFYSL ARE RESPONSIBLE TO HAVE A REPRESENTATIVE AT EACH LEAGUE MEETING. FAILURE TO BE REPRESENTED IS PUNISHABLE BY A \$50.00 FINE.

DATE: \_\_\_\_\_

CLUB OFFICIAL'S SIGNATURE (As appears on FYSA Affiliation Form)

*(THIS PORTION IS TO BE COMPLETED BY THE GCFYSL TREASURER AND RETURNED TO THE CLUB REPRESENTATIVE AT DECLARATION)*

GCFYSL DECLARATION RECEIPT	
	DATE RECEIVED:
CHECK No.:	CHECK AMOUNT:
PAID BY:	
RECEIVED BY:	