



GREATER CENTRAL FLORIDA YOUTH SOCCER LEAGUE FALL 2010 CLUB DECLARATION VOUCHER

PLEASE PRINT LEGIBLY !

CLUB INFORMATION		
CLUB CODE: ___ _ _	CLUB WEB SITE:	
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		\$20.00	\$150.00		
U9		\$25.00	\$150.00		
U10		\$25.00	\$150.00		
U11		\$60.00	\$150.00		
U12		\$60.00	\$150.00		
U13		\$60.00	\$150.00		
U14		\$60.00	\$150.00		
U15		\$60.00	\$150.00		
U16		\$60.00	\$150.00		
U17		\$60.00	\$150.00		
U18		\$60.00	\$150.00		
U19		\$60.00	\$150.00		
				Sheet Total:	

Check No.:		Check Amount:	
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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:	