



**THIS FORM MUST BE PRINTED OR TYPED AND RETURNED WITH PAYMENT TO THE MSYSA STATE OFFICE AT 9401 GENERAL DRIVE, SUITE 120, PLYMOUTH, MI 48170.**

**NOTIFICATION TO ATTEND NON-US YOUTH SOCCER EVENT - \$50.00**

CASH WILL NOT BE ACCEPTED. CHECKS MUST BE MADE PAYABLE TO MSYSA.

Coach's First Name: \_\_\_\_\_

Coach's Last Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Street Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone (w/ area code): \_\_\_\_\_

Work Phone (w/ area code): \_\_\_\_\_

Team Name: \_\_\_\_\_

League Name: \_\_\_\_\_

Team Number: \_\_\_\_\_

Age Group: \_\_\_\_\_

Gender: \_\_\_\_\_

Tournament Attending: \_\_\_\_\_

City of Tournament: \_\_\_\_\_

State of Tournament: \_\_\_\_\_

Dates of Tournament: \_\_\_\_\_

Tournament/Event Approved by: \_\_\_\_\_

By completing this form, you certify you have completed and will bring to your event this MSYSA Approved E-Travel Form, a *Roster* that has been signed, stamped or both, by the appropriate league registrar and includes all players and team officials, MSYSA Medical Release Forms, and MSYSA Parent Consent to Travel Forms. I certify that the information that's been provided is true and accurate. I certify that this team is properly registered and rostered according to bylaws of MSYSA, US Youth Soccer, and the League named above. This team complies with all of MSYSA Registration, Team, and Player Registration Rules. This team is in good standing with MSYSA and is not in bad-standing with any other organization.

**I understand that MSYSA insurance does not apply nor is it extended to players or team officials participating in events other than US Youth Soccer and MSYSA sanctioned events.**

Signature: \_\_\_\_\_

**THIS FORM IS INVALID UNLESS THE MSYSA LOGO/STAMP OF APPROVAL APPEARS ON IT.**