Michigan State Youth Soccer Association

OFFICIAL MSYSA FORM

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.

LEAGUE REGISTRATION FORM

(Use this form when sending in registration payments)

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

LEAGUE NAME: _____

DISTRICT: ☐ METRO SOUTHWEST ☐ METRO CENTRAL ☐ METRO EAST ☐ WEST ☐ NORTH

SEASON: ☐FALL ☐SPRING **YEAR** _____

AGE GROUP	FORMAT OF PLAY	MAXIMUM ROSTER SIZE	NUMBER OF BOYS *(not required)*	NUMBER OF GIRLS *(not required)*	TOTAL PLAYERS *(not required)*	TOTAL TEAM OFFICIALS *(not required)*	TOTAL TEAMS *(not required)*
U5	4 v 4	6					
U6	4 v 4	6					
U7	5 v 5	8					
U8	5 v 5	8					
U9	6 v 6	11					
U10	6 v 6	11					
U11	8 v 8	14					
U12	8 v 8	14					
U13	11 v 11	18					
U14	11 v 11	18					
U15	11 v 11	18					
U16	11 v 11	18					
U17	11 v 11	22					
U18	11 v 11	22					
U19	11 v 11	22					
TOPSoccer							
TOTAL							

REGISTRATION:

Player $8.75 X Total Players $ _____

Team Officials (Coach, Asst Coach, Manager, etc) $6.00 X Total Coaches $ _____

Late Registration per Player, (If applicable.) $10.00 X Total Late $ _____

Credit amount from previous season (fill in for initial pmt only, if applicable) Credit $ _____

Total Due $ _____

Spring registration numbers are only to include newly registered players, coaches, managers, etc. that did not participate with your league during the fall season.

For Office Use Only:

Date Received: _____ Check Number: _____ Amount: _____