



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.

INDIVIDUAL OUT-OF-STATE LEAGUE PLAY - \$15.00

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

Season & Year: _____

Player's First Name: _____

Player's Last Name: _____

Player's Date of Birth: _____

E-mail Address: _____

Street Number: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Home Phone (w/ area code): _____

Team Name: _____

League Name: _____

League State Association _____

Coach's Name: _____

Home Phone (w/ area code): _____

Reason for Request to Play in Another State: _____

- I affirm that the above information is accurate and that I am not currently under any disciplinary actions or sanctions by this or any other state association or one of its affiliates.
- I also understand that this application for permission to play is only good for the seasonal year applied for and must be reissued every seasonal year.

Player's Signature & Date: _____

Parent's Signature & Date: _____

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