

# Michigan State Premier Soccer Program

## APPLICATION for AFFILIATION – Spring 2013

Name of League or Association: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Date: \_\_\_\_\_

On behalf of the above named League or Association, I attest it to be an affiliated MSYSA member league in good standing which desires to sponsor, and hold responsibility for, the following teams into the Michigan State Premier Soccer Program (MSPSP) seasonal year for each team so sponsored. Spring fees: \$550 for all U15 and above, \$200 for U13-U14 returning from the fall, \$550 for any new spring U13-U14 teams.

**Please note MSPSP Rule 8 Section 3:**

*(3) Payment for team affiliation into the Premier Program must be submitted by the league that affiliates the team(s).  
ONE league check must be submitted FROM the affiliating league.*

**Number of players registered with the MSYSA:** \_\_\_\_\_

**Number of Teams to be Sponsored by the League (attach team form):** \_\_\_\_\_

Affiliating League President (Print Name): \_\_\_\_\_

Signature of Affiliating League President: \_\_\_\_\_

Signature(s) Affiliating League Co-Signer (Persons other than president authorized to sign paperwork in your league, if any).

1.(Print Name) \_\_\_\_\_ (Signature) \_\_\_\_\_

2.(Print Name) \_\_\_\_\_ (Signature) \_\_\_\_\_

MSPSP Contacts: This Official will be contacted with regards to all MSPSP matters in their areas of responsibility. The MSPSP Delegate will receive a copy of delegate meeting minutes and other MSPSP information.

**MSPSP Delegate:** \_\_\_\_\_ e-mail \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Field Scheduler:** \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Cert. Referee Assignor:** \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

# TEAM SPONSORSHIP

(Duplicate this form as necessary to list all teams sponsored for this season only)

**Name of League or Association:** \_\_\_\_\_

Age: U- \_\_\_\_\_ Gender: \_\_\_\_\_ Team Name: \_\_\_\_\_

Reg. Fee N \_\_\_\_\_ R \_\_\_\_\_ Coach's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Early Pass: \_\_\_\_\_ Address: \_\_\_\_\_

Fines: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Local (AR) Referee Assignor: \_\_\_\_\_ Email: \_\_\_\_\_

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