



RECREATIONAL PLAYER PAYMENT 2019 - 2020

Club Name: _____

Date: _____ Fall Spring

REGISTRATION

Number of players _____ at \$10.00 each = \$ _____

Number of Soccer Across America Players* _____ at \$ _____ each = \$ _____
*requires approval



E-MAIL CONTACT (Print Clearly)

The person VYSA should contact regarding Recreational Player data and payments:

Contact Name: _____

Contact E-Mail Address: _____

Please send the completed form and payment to:

VYSA State Office
10705 Spotsylvania Ave, Suite 201
Fredericksburg, VA 22408