

Submit Deadline:
Annually by: by Aug 10
TO:
P.O. Box 16371
Chapel Hill, NC 27516

MID STATE SOCCER LEAGUE

Year: _____

CHALLENGE PROGRAM

ANNUAL ASSOCIATION REGISTRATION

Please fill in all applicable information. Please print.

Association Name: _____

Association Address: _____

Association Telephone: () _____ Fax: () _____

Association Email: _____ Web Site: _____

Association FIELDS / WEATHER CANCELLATION HOTLINE NUMBER: () _____

Association President: _____

President's Address: _____ Work Tel: () _____

Home Tel: () _____

E-Mail Address: _____ Cell Ph: () _____

Fax Ph: () _____

Association Treasurer: _____

Treasurer's Address: _____ Work Tel: () _____

Home Tel: () _____

E-Mail Address: _____ Cell Ph: () _____

Fax Ph: () _____

MSSL Representative: _____

Rep's Address: _____ Work Tel: () _____

Home Tel: () _____

E-Mail Address: _____ Cell Ph: () _____

Fax Ph: () _____

Association Administrator: _____

Admin's Address: _____ Work Tel: () _____

Home Tel: () _____

E-Mail Address: _____ Cell Ph: () _____

Fax Ph: () _____

Person authorized to countersign Intent to Play forms and Field Assignments: _____

NOTE: All League correspondence will be sent to the Association or President's address unless instructed otherwise.

IMPORTANT:

Local Referee Association: _____

and/or Assignor Name: _____

Assignor's Address: _____ Work Tel: () _____

Home Tel: () _____

E-Mail Address: _____ Cell Ph: () _____

Fax Ph: () _____

President's Signature: _____

Dated: _____