

Submit Deadline:
 Fall Season: by Aug 10
 Spring Season: by Jan 31
P.O. Box 16371
Chapel Hill, NC 27516

MID STATE SOCCER LEAGUE

CHALLENGE PROGRAM

ASSOCIATION VERIFICATION of INTENTS TO PLAY FIELD ASSIGNMENT PERFORMANCE BOND CALCULATION

Year: _____
 Season: _____
 Total Teams: _____
 Total Bond: _____
 Office Use Only

Association Name: _____

President or Authorized Association Officer signing this form:

Position / Title: _____

Name: _____

Address: _____

Email Address: _____

Home Tel: () _____

Work Tel: () _____

Cell Tel: () _____

Fax Tel: () _____

The following Association teams have been authorized to play in the Mid State League for the season indicated:

Season: Fall Spring Year: _____

TEAM NAME	YEAR 8-1- *	# AGE GROUP	GIRLS/ BOYS/ COED	** NEW EVAL	BOND AMOUNT	FIELD NAME, DAYS AVAILABLE (See Policy 3A for Sizes)
1.						SMALL-SIZE FIELD
2.						
3.						
4.						
5.						SMALL-SIZE FIELD
6.						
7.						
8.						
9.						SMALL-SIZE FIELD
10.						
11.						
12.						
13.						FULL-SIZE FIELD
14.						
15.						
16.						
17.						FULL-SIZE FIELD
18.						

* Indicate the NCYSA registered year of the team.

Indicate "U-12" etc. – the age group in which the team is desired to play. Indicate clearly if this team is "playing up".

** For U-10, U-11, or U-12 teams new to the MSSSL, for initial scheduling purposes, please indicate estimated relative strength of team: +, =, -

Officer's Signature: _____

Dated: _____

(Total Number of Teams x \$50)

+ \$ _____ TOTAL BOND DUE
 - \$ _____ ON DEPOSIT
 = \$ _____ BOND PAYABLE
 + \$ _____ ENTRY FEE DUE
 = \$ _____ TOTAL DUE NOW