

**Submit Deadline:**  
 Fall Season: by Aug 10  
 Spring Season: by Dec 3  
**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	** TEAM EVAL	BOND AMOUNT	FIELD NAME, DAYS AVAILABLE (See Policy 3A for Sizes)
1.						SMALL-SIZE FIELD 6V6 PLAY
2.						
3.						
4.						
5.						SMALL-SIZE FIELD
6.						
7.						
8.						
9.						SMALL-SIZE FIELD
10.						
11.						FULL-SIZE FIELD
12.						
13.						
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: +, =, -

+ \$ \_\_\_\_\_ TOTAL BOND DUE

Officer's Signature: \_\_\_\_\_

- \$ \_\_\_\_\_

ON DEPOSIT

= \$ \_\_\_\_\_

BOND PAYABLE

Dated: \_\_\_\_\_

(Total Number of Teams x \$50)

+ \$ \_\_\_\_\_

ENTRY FEE DUE

= \$ \_\_\_\_\_

TOTAL DUE NOW