

**Submit Deadline:**  
Fall Season: by August 1  
Spring Season: by January 15

**MID STATE SOCCER LEAGUE**  
**CHALLENGE PROGRAM**

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

Mail To:  
**PO Box 16371**  
**Chapel Hill, NC 27516**

**Application to Join and Intent to Play**

On behalf of the team identified below, we hereby apply to participate in the Mid State Soccer League for the season indicated. By signing below, we commit this team and each player, parent, coach, and official thereof to abide by the rules and policies of the Mid State Soccer League and we acknowledge that dropping this team out of the League after the submit deadline or forfeiting a League scheduled game will involve penalties as specified by League policies. We further certify that all players and coaches on this team will have been officially registered and rostered with the USYSA before participating in a League game.

Full Team Name: \_\_\_\_\_ Season: Fall:\_\_\_ Spring:\_\_\_ Year: \_\_\_\_\_

Team Representative Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Association: \_\_\_\_\_

Association Officer's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

GENDER		REGISTERED AGE GROUP	U-10	U-11	U-12	U-13	U-14	U-15	U-16	U-17	U-18
<b>M</b>	<b>F</b>	Fill in Year and Circle One Box	8-1-___	8-1-___	8-1-___	8-1-___	8-1-___	8-1-___	8-1-___	8-1-___	8-1-___

If requesting to **"Play Up"**, check at left and indicate clearly at what level desired to play: \_\_\_\_\_

If requesting an **"Open Weekend"**, check at left and specify the date: \_\_\_\_\_. **Only ONE** weekend allowed!

If available to play on **Saturdays**, please check at left.

**Please Print Clearly:**

Coach Name: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

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

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

Home Phone (inc area): \_\_\_\_\_

Home Phone (inc area): \_\_\_\_\_

Work Phone (inc area): \_\_\_\_\_

Work Phone (inc area): \_\_\_\_\_

Cell Phone (inc area): \_\_\_\_\_

Cell Phone (inc area): \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Is this the Principal Contact? Yes:\_\_\_ No:\_\_\_

If not the coach, is this the Principal Contact? Yes:\_\_\_

**Due with the Application Package**

- Completed application signed by the team representative and the Association President or authorized officer.
- Accompanying "Association Verification" form signed by the Association President.
- Full amount of the team's Entry-Scheduling fee for the season. (See current MSSL rates.)
- Performance Bond, payable by the Association, must be included if not already on account with the MSSL.
- Assurance by the association of appropriate playing fields per MSSL Policy to be scheduled by the MSSL.