

South Dakota Youth Soccer Association
REGISTRATION & INSURANCE REMITTANCE



SOUTH DAKOTA
YOUTH SOCCER ASSOCIATION
Community Through Soccer



This form must be completed every time you submit payment for registration/insurance.
(Reminder if you are paying prior to SDYSA invoicing: For Spring registrations- pay for each of the new players joining NOT the difference count from Fall to Spring.)

Name of Club League: _____ Season: _____

Treasurer/Contact Name(s): _____

Address: _____ City/State/Zip: _____

Email: _____ Phone: (____) _____

NUMBER OF REGISTERED PLAYERS:

Total Number of RECREATIONAL players: _____ X \$12.00 per player = _____

Total Number of COMPETITIVE players: _____ X \$16.00 per player = _____

TOTAL AMOUNT SUBMITTED: \$ _____

CHECK # _____

It is the responsibility of the club to ensure accuracy in the numbers invoiced and paid for. Detail reports are available from the SDYSA office. The signature below certifies that the above club information is accurate and complete.

Signature of Club Treasurer/Registrar

Date

Mail player remittance and fees payable to South Dakota Youth Soccer Association:

SDYSA
2127 S. Minnesota Ave. Suite 201
Sioux Falls, SD 57105