



South Dakota State Soccer
REGISTRATION & INSURANCE REMITTANCE



This form must be completed every time you submit payment for registration/insurance.
(Reminder: For spring registrations - pay for each of the new players joining, NOT the difference between the count from fall to spring.)

Name of Club/League: _____ Season: _____
Treasurer Name: _____
Address _____
City, State, Zip _____
Email _____
Cell Phone () _____

Number of Registered Players

Total number **RECREATIONAL** players = _____ X \$11.00 per player = \$ _____
(This number includes Academy players)

Total number **CLUB/COMPETITIVE** players = _____ X \$15.00 per player = \$ _____

Total number **FUTSAL** players = _____ X \$7.00 per player = \$ _____

TOOTAL AMOUNT SUBMITTED \$ _____
CHECK # _____

The signature below certifies that the above club information above is accurate and complete.

Signature of Club Treasurer/Registrar

Date

Mail player remittance form and fees payable to South Dakota State Soccer Association:
South Dakota State Soccer Association - 400 N. Main St. Ste 107 - Mitchell, SD 57301