

# Sacramento Youth Soccer League

Affiliated with: C.Y.C.A.N. • U.S.Y.A. • U.S.S.F. & F.I.F.A.

P.O. BOX 22185 SACRAMENTO, CALIFORNIA 95822



## APPLICATION FOR CLUB AFFILIATION

(Please print)

The \_\_\_\_\_ Youth Soccer Club requests affiliation with the SACRAMENTO YOUTH SOCCER LEAGUE (SYSL) for the \_\_\_\_\_ soccer year. The following officers were elected \_\_\_\_\_ to serve until \_\_\_\_\_.

OFFICER	NAME	ADDRESS & ZIP	PHONE
MANAGER	_____	_____	_____
ASST MGR	_____	_____	_____
SECRETARY	_____	_____	_____
TREASURER	_____	_____	_____
REGISTRAR	_____	_____	_____
HEAD COACH	_____	_____	_____
HEAD REFEREE	_____	_____	_____
PAD REP	_____	_____	_____
FIELDS COORDINATOR	_____	_____	_____
STANDINGS REP	_____	_____	_____

## CLUB REPRESENTATIVES WITH VOTING PRIVILEGES, OTHER THAN THE MANAGER

(Please limit to four representatives)

	NAME	ADDRESS & ZIP	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

**OUR GEOGRAPHICAL BOUNDARY LINES:** \_\_\_\_\_

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**OUR PLAYING FIELDS** (Please attach any special rules applying to individual fields to your application):

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**PLAYER REGISTRATION FEES**

1st player: \$ \_\_\_\_\_

2nd player: \$ \_\_\_\_\_

3rd player: \$ \_\_\_\_\_

**UNIFORM COLORS**

Shirt \_\_\_\_\_

Shorts \_\_\_\_\_

Socks \_\_\_\_\_

**FINANCIAL STATEMENT**

Last year's annual total income: \$ \_\_\_\_\_

Last year's total expenditures: \$ \_\_\_\_\_

Last year's annual total balance: \$ \_\_\_\_\_

Savings account and other investments

Monies invested? \_\_\_\_\_ Amount \$ \_\_\_\_\_

**DO YOU HAVE BYLAWS?** \_\_\_\_\_

**WRITTEN POLICIES?** \_\_\_\_\_

*If yes, please attach a current copy of either or both to this application*

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF CLUB MANAGER