



# Soccer Club/League Financial Report

Club/League Name: \_\_\_\_\_

Director of Coaching/League Director: \_\_\_\_\_

USSSA State Director: \_\_\_\_\_

### YOUTH PLAYER FEES:

- Recreational Player - \$7.00 per player.
- Competitive Player - U12 & Below - \$8.50 per player
- Competitive Player - U13 & Above - \$10.00 per player

**Fee covers registration with US Soccer through USSSA and includes secondary medical insurance for the year August 1 - July 31.**

Recreational Players:	_____ X	\$7.00	=	\$ _____
Competitive Players (U12 & Below):	_____ X	\$8.50	=	\$ _____
Competitive Players (U13 & Above):	_____ X	\$10.00	=	\$ _____
Coaches/Asst. Coaches:	_____ X	\$7.00	=	\$ _____
		<b>Total</b>		\$ _____

### ADULT FEES:

- \$65 per team (18 man roster)
- \$75 per team (22 man roster)

This fee covers registration with US Soccer and includes Liability Insurance, Facility Coverage and Officials Accidental Medical Insurance for the year August 1 – July 31.

**USSSA DOES NOT PROVIDE ACCIDENTAL INSURANCE FOR ADULT SOCCER**

18 Man Roster:	_____ X	\$65	=	\$ _____
22 Man Roster:	_____ X	\$75	=	\$ _____
		<b>Total</b>		\$ _____

### ADMINISTRATIVE PROCESS:

This form, along with team rosters and insurance certificate requests must be submitted properly to the USSSA National Office. The rosters must be submitted on the approved soccer template, which is an excel spreadsheet that may be found at [www.usssasoccer.com](http://www.usssasoccer.com) . Each roster must to be completed in its entirety in order to be processed. Please provide the coach’s name, address, date of birth and email address, along with each player’s name, address, and date of birth to our USSSA Soccer Representative: For questions, contact **USSSA Soccer at soccerinfo@usssa.com.**

\_\_\_\_\_  
Signature of Club/League Director

\_\_\_\_\_  
Date:

**\*\*PAYMENT OF TEAM FEES IS REQUIRED FOR PROPER LIABILITY COVERAGE\*\***

## Club/League Financial Report – Payment Information

Payment for the above is being made by check or money order and is submitted with this document.

Please mail along with payment to:

USSSA

611 Line Drive

Kissimmee, FL 34744

Payment for the above is being made by credit card information below:

Submit form to Wendi Brockwell via e-mail [wendi.brockwell@ussa.com](mailto:wendi.brockwell@ussa.com).

Visa

MasterCard

American Express

Cardholder Name: \_\_\_\_\_

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

City, State ZIP: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp \_\_\_\_\_  
Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_