



Soccer Club/League Financial Report

Club/League Name: _____

Director of Coaching/League 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
- Staff Background Checks - \$5.00 per person – per search

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	=	\$ _____
Staff Background Checks	_____ X	\$5.00	=	\$ _____
Total				\$ _____

ADULT FEES:

- \$65.00 per team (18 player roster)
- \$75.00 per team (22 player roster)

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

USSSA DOES NOT PROVIDE ACCIDENTAL INSURANCE FOR ADULT SOCCER

Once you have reached your roster limit (18 or 22 players) in one season, every roster change after will be \$5.00 per change.

18 Man Roster:	_____ X	\$65.00	=	\$ _____
22 Man Roster:	_____ X	\$75.00	=	\$ _____
Total				\$ _____

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 registration template, which may be found at www.ussasoccer.com. Each roster must be completed in its entirety 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@ussa.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 credit card information below:

Submit form to Laurie Paule via e-mail laurie.paule@usssa.com along with insurance request form and soccer registration template.

Visa MasterCard American Express

Cardholder Name: _____

Billing Address: _____

City, State, ZIP: _____

Contact Phone: _____ Email: _____

Card Number: _____ Exp Date: _____ CVV: _____

Cardholder Signature: _____

