

Lehigh Valley Youth Soccer League

Round Robin 2008 - Entrance

*Submit this filled **Entrance Forms** and **Payment** mailed to the LVYSL office*

Team Fees

LVYSL pays for EPYSA Insurance for all primary teams -
(Secondary teams are responsible for their own insurance)

U9-U13 teams

U14 Boys full-sided and older

Secondary teams *(players not registered primary to LVYSL)*

Not accepted into Round Robin

\$400 per team *Expanded rosters for*

\$140 per team *U15 and older*

League Bond

U9 through U19

\$50 per team

(Maximum per club per season will be determined by LVYSL)

Club are to pay the full bond for each season they participate in with LVYSL. Any remaining Bond amounts are returned at the end of the soccer year.

Teams Entering Season

U14 Boys _____

U17 Boys _____

U15 Boys _____

U18 Boys _____

U16 Boys _____

U19 Boys _____

Total teams _____

_____	_____
Teams @ \$400	Cost \$
_____	_____
Teams @ \$140	\$
_____	_____
Total # teams for LV Performance Bond	\$
_____	_____

Total Amount Due with entry forms \$ _____

Club Name _____

Phone _____

Club Registrar _____

E-mail _____

Mail To:
 Robert A. Rooney - LVYSL
 P.O. Box 273, Parker Ford, PA 19457

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Team / Coach Details - Please fill this out for each team participating

Team Club: _____ **Age:** _____

Team Name: _____

Affiliation: _____ (ex: EPYSA, US Club)

Head Coach: _____ (full name)

Address: _____ (required)

City/St/Zip: _____ (required)

Phone: _____ (required)

*Cell Phone: _____ (required)

Email _____ (required)

if applicable:

Asst Coach: _____ (full name)

Address: _____ (required)

City/St/Zip: _____ (required)

Phone: _____ (required)

*Cell Phone: _____ (required - different than coach's)

Email _____ (required)

if applicable:

Asst Coach: _____ (full name)

Address: _____ (required)

City/St/Zip: _____ (required)

Phone: _____ (required)

*Cell Phone: _____ (not required)

Email _____ (required)

***Cell Phone Note:**

Any team member's cell phone number may be entered the league wants some way to contact teams en-route

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