

Lehigh Valley Youth Soccer League

Round Robin 2009 - Entrance

*Submit this filled **Entrance Form** and **Payment** to the LVYSL office*

Team Fees

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

U9-U14 teams U15 Boys full-sided and older Secondary teams <i>(players not registered primary to LVYSL)</i>	Not accepted into Round Robin \$400 per team <i>Expanded rosters for</i> \$140 per team <i>U15 and older</i>
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League Bond

U9 through U19 \$50 per team

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

Clubs 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

U15 Boys _____	U18 Boys _____
U16 Boys _____	U19 Boys _____
U17 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 _____

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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

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