



EASTERN NEW YORK STATE AMATEUR SOCCER ASSOCIATION INC



(September 1st 2010 to August 31st 2011)

Fill this form out, and return to ENYSASA. Fee of \$100 must be included

Please type or print:

Name of club _____

Number of Adult Teams _____ League Name: _____

Name of club Contact _____

Address _____ City _____ State NY Zip _____

Telephone Home _____ Tel Bus. _____ e-mail _____

Names and signatures of (2) officials who have the authority to sign and release players

NAME _____ TITLE _____

SIGNATURE _____ DATE _____

NAME _____ TITLE _____

SIGNATURE _____ DATE _____

If there are any changes in this form during the regular season, please advice Registrar of ENYSASA as well as your league.