



Montana Youth Soccer Association

Return registration disc & payment to:

Karen Grenager, Administrator
PO Box 386
St Regis, MT 59866

MYSA OFFICE

Phone: 406-649-6283
Fax: 406-649-6283
Email: momsocc@aol.com

**Registration Submission Form:
2007-2008 Season**

Club Name: _____

Address: _____

Phone: _____

Email: _____

Club Registrar Name: _____

Address: _____

Phone: _____

Email: _____

Number of times you have submitted registrations FOR this season (09/01/07 THROUGH 08/31/08) : _____

Number of NEW recreational players registrations on this disc ? \$8.00 each	Number of NEW Competitive players on disc? \$25.00	Number of RECREATIONAL COACHES On this disc? NO FEE	Number of Competitive bench personal this disc? (i.e.: Coach/Assist/Mgr) \$8.00 each	Number of club members registrations this disc? NO FEE		Total Club players to date

DATE	CHECK NUMBER	TYPE OF REGISTRATION PLAYER BENCH MEMBER	DATES OF SEASON	TOTAL NUMBER OF REGISTRATIONS OF THIS TYPE ON DISC	TOTAL AMOUNT DUE THIS TYPE	ANNUAL CLUB AFFILIATION FEES	TOTAL

Subtotal	
TOTAL AMOUNT enclosed	

Date: _____

Signature: _____

MAKE ALL CHECKS PAYABLE TO:

MONTANA YOUTH SOCCER ASSOCIATION
PO BOX 386, St Regis, MT 59866