

CENTRAL PENN YOUTH SOCCER LEAGUE

2024 SPRING CPYSL LEAGUE FEES

A completed copy of this form, along with payment, must be submitted to the CPYSL office by Sunday, February 11, 2024.

CLUB: _____ DATE: _____

LEAGUE FEE X # OF TEAMS = TOTAL DUE

SPRING 2024 LEAGUE FEE \$100.00 X _____ = \$ _____

CHECK NUMBER _____ TOTAL \$ _____
Check payable to CPYSL.

LIST OF TEAMS FOR WHICH YOU ARE PAYING FEES:

	AGE & GENDER	REQUESTED DIVISION	CPYSL 4 DIGIT TEAM ID #	TEAM NAME AS IT APPEARS IN GOTSPORT.
ex	U12F	1	3809	Camp Hill SC U12F Blue 2012
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PLEASE LIST ADDITIONAL TEAMS ON THE REVERSE SIDE OF THIS FORM.

LIST OF TEAMS FOR WHICH YOU ARE PAYING FEES:

#	AGE & GENDER	REQUESTED DIVISION	CPYSL 4 DIGIT TEAM ID #	TEAM NAME AS IT APPEARS IN GOTSPORT.
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