

Ohio Youth Soccer Association North
3554 Brecksville Road, Ste 100
Richfield, OH 44286
Ph: 330-659-0989 Fax: 330-659-0993
www.oysan.org



STATE LEAGUE PAYMENT FORM

This form must be submitted with ALL Club player/coach declaration and registration fees.

Mail to the OYSAN State Office at 3554 Brecksville Road, Suite 100, Richfield, OH 44286.
Make checks payable to OYSAN. Credit card charge form can be downloaded from the OYSAN website.

CLUB NAME: _____

TEAM NAME (S): _____

REGISTRATION:

Affiliation/Declaration Fees \$100.00 x _____ # of Teams _____ Total Fee

Coaches \$30.00 x _____ Total Coaches _____ Total Fee

Players \$17.50 x _____ Total Players _____ Total Fee

Late Registration per Player/Coach \$30.00 x _____ Total Late _____ Total Fee
(IN ADDITION TO \$15/\$30 REGISTRATION FEE)

Lost Pass Fee \$20.00 x _____ Total Passes _____ Total Fee

TOTAL FEES SUBMITTED WITH THIS FORM \$ _____

For questions email Bernie at Btelmanik@ohionorthsoccer.org

For Office Use Only:

Date Received:

Check #:

Amount: \$