



Sacramento Youth Soccer League (SYSL)

2108 N Street #11095 | Sacramento, CA 95816
Phone: (916) 834-8249 | Email: syslpresident@gmail.com

APPLICATION FOR CLUB AFFILIATION

The _____ Youth Soccer Club/League requests affiliation with the SACRAMENTO YOUTH SOCCER LEAGUE (SYSL) for the _____ soccer year.

APPLICANT CLUB/LEAGUE INFORMATION

OFFICER | NAME / ADDRESS & ZIP | PHONE

MANAGER _____

ASST MGR _____

SECRETARY _____

TREASURER _____

REGISTRAR _____

HEAD COACH _____

HEAD REFEREE _____

PAD REP _____

FIELDS COORDINATOR _____

STANDINGS REP _____

CLUB REPRESENTATIVES WITH VOTING PRIVILEGES, OTHER THAN THE MANAGER
(Please limit to four representatives)

NAME | ADDRESS & ZIP | PHONE

1. _____
2. _____
3. _____
4. _____

GOVERNANCE

DO YOU HAVE BYLAWS? _____ WRITTEN POLICIES? _____

If yes, please attach a current copy of either or both to this application.

OUR PLAYING FIELDS

(Please attach any special rules applying to individual fields to your application)

PLAYER REGISTRATION FEES & UNIFORM COLORS

1st player: \$ _____ Shirt _____

2nd player: \$ _____ Shorts _____

3rd player: \$ _____ Socks _____

Club/League Representative (Print): _____

Signature: _____ Date: _____