

Mid Michigan Youth Soccer League

Affiliation Application – Fall/Spring (circle appropriate season) 20__

Organization Name: _____

Organization President/Director: _____

Address: _____

Home Phone: _____ **Fax:** _____

Work Phone: _____ **Cell Phone:** _____

Email address: _____

As the authorized official of the above named organization, I attest to its desire to be considered an affiliate of the Mid Michigan Youth Soccer League (MMYSL). Our organization and its members are in good standing with the Michigan State Youth Soccer Association.

Signature of the Affiliating Official: _____

Date: _____

***Organizations affiliating for the first time must complete the New Affiliation checklist and provide all requested information to the League President.**

E-Mail completed forms to MMYSL League President:

Contact Information: president@mmysl.net

MMYSL AFFILIATION CHECKLIST

Must be completed by all Clubs and/or Teams wishing to affiliate for the first time with MMYSL

[Please answer or supply all items in the same order requested.]

- 1) Completion of the Affiliation Application.
- 2) A Statement of Purpose (mission statement, reasons for forming, goals your organization hopes to accomplish, etc)
- 3) List of Club Officers/Contacts with addresses, telephone #'s and email addresses (please list title of officer/contact)
- 4) Identification of Fields to be used for playing MMYSL games.
Need a valid MAPQUEST Address for our web page.
- 5) Identification of how Referee coverage will be achieved for all MMYSL games.
- 6) Statement detailing the number, age groups and gender of teams requesting to initially affiliate with MMYSL.

The above should be presented to the MMYSL President at least 2 weeks prior to MMYSL league scheduling meeting (either in the fall or spring)

E-Mail completed forms to MMYSL League President:

Contact Information: president@mmysl.net