

CYSSA

PAYMENT RECORD

Payment from:

Team Code: _____

Team Name: _____

Date: _____

Coaches and Adult Volunteers

_____ x \$17 = _____

Fee covers Background Checks required of all Coaches and Adult Volunteers working directly with the Youth

Athlete Registration Fees

_____ x \$25 = _____

One time participation fee for each athlete

TOTAL DUE _____

Make Checks Payable to: CYSSA

Mail completed forms and payment to:

CYSSA

Post Office Box 1209

Roseville, California 95678

***ALL FORMS AND FEES MUST BE RECEIVED BY THE CYSSA PRIOR TO COACH'S AND ATHLETE'S PARTICIPATION IN ANY CYSSA SANCTIONED EVENTS.
THANK YOU!***