



STATE LEAGUE PAYMENT FORM

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

Mail to the Ohio North State Office at 6650 W. Snowville Rd., Suite Y, Brecksville, OH 44141.
Make checks payable to Ohio North. Credit card charge form can be downloaded from the Ohio North website, www.ohionorthsoccer.org

CLUB NAME: _____

TEAM NAME (S): _____

Affiliation/Declaration Fees \$150.00 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 \$35.00 x _____ Total Late _____ Total Fee
(IN ADDITION TO \$17.50 REGISTRATION FEE)

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

Postage Fee (If needed) _____ Total Fee

TOTAL FEES SUBMITTED WITH THIS FORM \$ _____

For questions email Bernie at Btelmanik@ohionorthsoccer.org

For Office Use Only:		
Date Received:	Check #:	Amount: \$