

UNITED STATES YOUTH SOCCER OF NEVADA

LEAGUE AFFILIATION FORM

LEAGUE NAME: _____

MAILING ADDRESS: _____

CITY: _____, NV _____

Is your league a Non Profit Corporation? ___ YES ___ NO

If incorporated, does your league have a tax exempt status? ___ YES ___ NO

Federal I.D. No. _____

Current Executive League Officers are: (Give full name, address, zip code & telephone number)

1. PRESIDENT

2. VICE-PRESIDENT

3. SECRETARY

4. TREASURER

This form must be signed by two league officers and submitted to your League Commissioner with a \$25 league check.

APPLICATION FOR AFFILIATION IS HEREWITH MADE AND (check one)

_____ we will adopt the USYSNV CONSTITUTION & BYLAWS as our League Constitution & Bylaws

_____ we are attaching our own current League Constitution & Bylaws. (Subject to the approval of the USYSNV Board of Directors).

WE UNDERTAKE TO ABIDE BY THE RULES AND REGULATIONS OF THE UNITED STATES YOUTH SOCCER OF NEVADA AND ANY RULES AND REGULATIONS HEREAFTER MADE.

LEAGUE OFFICIAL

DATE

LEAGUE OFFICIAL

LEAGUE COMMISSIONER

DATE

**Do not sign the form until after you completely fill it out.
After signing, please email completed form to: usysnv@gmail.com**