



TEAM CHECK-IN INFORMATION FORM

Teams are to provide this form along with Referee Fees and Event Fees to the Local Site Coordinator (if available) about one (1) hour prior to the start of your first game of your USYS weekend competition.

Team Name: _____

State Association: _____

Gender _ () Girls () Boys
Age Group () 13U () 14U () 15U () 16U () 17U () 18U () 19U

Conference & Division: _____

Be sure that you have brought the following:

- () GotSport Game Card for each match – **give Game Card to Referee prior to each match**
- () US Youth Soccer Player Member Passes (from your state association) – **give to ref**
- () Team State Rosters (one for each match - bring a spare in case the opponent if requests) - **do not give to ref**
- () Club Pass Player State Rosters (one for each match - one for the opponent if requested) - **do not give to ref**
- () Player Medical Release Forms (your local forms are acceptable) - **do not give to ref**

The following is to be turned in to the Local Site Coordinator (if applicable):

- () Total Referee Fees for each game (each team is to provide the following) **IN CASH**. Ensure you have your total for the weekend and make sure the denominations requested are given exactly.

U13, U14 \$70/game **(3 twenties, 1 ten)**
U15, U16 \$80/game **(3 twenties, 1 ten, 2 fives)**
U17, U18, U19 \$90/game **(4 twenties, 1 ten)**

- () This Check-In Information Form

Please provide Cell Phone contact information in the event that the Local Site Coordinator must contact you

Contact Person: _____ Date: _____ Cell Phone Number: _____

Signature: _____