



**CONNECTICUT JUNIOR SOCCER ASSOCIATION**

Affiliated with United States Youth Soccer

11 Executive Drive  
Farmington, CT 06032

860-676-1161  
Fax: 860-676-1162

**TRANSMITTAL of FEES to DISTRICT**

**CLUB NAME** \_\_\_\_\_ **CLUB #** \_\_\_\_\_ **SEASONAL YEAR** \_\_\_\_\_

**TRANSMITTAL #** \_\_\_\_\_ **DATE** \_\_\_\_\_

SUBMITTED BY:

SENT TO:

Signature _____	Organization _____
Name (print) _____	Name (print) _____
Street Address _____	Street Address _____
City, State & Zip _____	City, State & Zip _____
Telephone _____	Telephone _____
E-Mail Address _____	E-Mail Address _____

METHOD of PAYMENT:      *Cash* \_\_\_\_\_ *Amount* \_\_\_\_\_  
    *Check #* \_\_\_\_\_ *Amount* \_\_\_\_\_

TYPE OF FEE	DESCRIPTION	NO.	FEE	SUBTOTAL
Player Registrations - Rec.			\$ per player	\$
Player Registrations - Comp.			\$ per player	\$
Player Registrations - Upgrade			\$ per player	\$
Adult Registrations			\$ per adult	\$
League Entry Fees			\$ per team	\$
District Fees/Assessments			\$	\$
Performance Bonds			\$	\$
Referee Bonds			\$	\$
Fines			\$	\$
Late Fee - Permission to Travel			\$ per form	\$
Late Fee - Rosters			\$ per roster	\$
Late Fee - Pass			\$ per pass	\$
Replacement Pass Fee			\$ per pass	\$
Other:			\$	\$
Other:			\$	\$
Other:			\$	\$
<b>TOTAL</b>				<b>\$</b>

White Copy - To District with check

Canary Copy - To CJSA Office with copy of check

Pink Copy - Retained by Club

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