



2007-2008 TRAVEL PLAYER REGISTRATION FORM

Date: _____, _____

League Name: _____

League Number: _____

I. REGISTRATION

Number of players and amount of player fees being paid at this time:

Registration Fees

Number of players _____ at \$12.50 each = \$ _____

II. INSURANCE *(check one)*

- We are providing VYSA with at least a \$1 million general liability insurance certificate from another carrier

If you are providing an insurance certificate from another carrier, you will be refunded \$1 per player after the current insurance certificate showing at least \$1 million general liability coverage is received at the VYSA State Office.

III. DIRECTORY UPDATE

- We have submitted a current listing of our league officials on the attached directory page.

IV. E-MAIL CONTACT *(Print Clearly)*

VYSA now requires an e-mail contact for every league. Our e-mail contact is:

E-Mail Contact: _____

Contact Name

E-Mail Address: _____

Please Print Clearly

Please mail a copy of this completed form and the appropriate fee payment to:

VYSA State Office
2239 D Tackett's Mill Dr.
Woodbridge, VA 22192