



P.O. Box 1157  
Lake Wales, FL 33859  
Phone: 941.313.1858  
[www.fasa.soccer](http://www.fasa.soccer)

Date \_\_\_\_\_ County \_\_\_\_\_ City \_\_\_\_\_

League Name \_\_\_\_\_

League President \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

2<sup>nd</sup> League Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Date league formed \_\_\_\_\_ Previous FASA affiliate? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, give year(s) of affiliation: \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Number of teams in league	_____	Open age men	_____	Open age women
	_____	Age Group men	_____	Age group women
	_____	Coed	_____	Other

Field(s) of Play \_\_\_\_\_

Dates and times of games \_\_\_\_\_

Location of field (city, county) \_\_\_\_\_

Your league's certified referee assignor (required) \_\_\_\_\_

This application must be submitted with electronic copies of the league's constitution, bylaws, rules and regulations; payment of \$100 affiliation fee (refundable if application is denied); and list of officers with current addresses, email addresses and telephone numbers. New leagues are required to host a referee clinic with a minimum of 15 adults ages 18 or over within 90 days of affiliation in order to help increase referee availability in their area.

Application received by: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to: FASA Administration - [admin@fasa.soccer](mailto:admin@fasa.soccer)