Florida Adult Soccer Association

Date_____County_____City_____

League Name_____

League President_____Phone Number_____

Address_____Zip_____

Email_____

2nd 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 $250 affiliation fee (refundable if application is denied); and list of officers with current addresses, email addresses and telephone numbers. New leagues are encouraged 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: Nicole McMaster, FASA President, Admin@Fasa.Soccer