

TEAM AGREEMENT & COMMITMENT TO PARTICIPATE

ANNUAL MANDATORY FORM

The (official team name) _____

agrees to the following terms (place a check mark in the box preceding each statement to indicate your agreement):

- Commit to participate in the Women's Premier Soccer League (WPSL)
- Send at least one (1) active member of the Team's management to the WPSL's Annual General Meeting.
- Pay all league fees in a timely manner as set forth in the By-Laws of the WPSL.
- We understand the consequences if we fail to abide to the WPSL's, Constitution, By-Laws and policies.
- Make every effort to assist all other WPSL teams in management and support of the league, including participation in league meetings and conference calls.
- Maintain its organization as an independent, viable and financially stable operation and meet all requirements of its schedule while a member of the WPSL.
- We have read the latest proposed Business Plan, Constitution and By-Laws for the WPSL and agree to the terms and provisions contained therein.
- We further agree to hold harmless and indemnify the WPSL from any and all claims, liabilities and demands of any kind, including attorney fees and costs, resulting from any act, tortuous or contractual, committed by the team, as named above, in the course of its participation in the WPSL.

Agreed:

Team Name

Signature, Team Representative

Printed Name

Title

Date

Signature, WPSL Representative

Printed Name

Title

Date

Mail the completed form, \$2,500 entry fee and \$3,500 annual membership fee to:
Women's Premier Soccer League
4041 American River Dr, Sacramento, CA 95864

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CONTACT INFORMATION

Official Team Name: _____

Team Owner: _____ Phone #: _____

Team Mailing Address: _____

Team Phone #: _____ Team Fax #: _____

Email: _____ Official Website: _____

Team Representative Name: _____ Phone #: _____

Title: _____ Email Address: _____

Secondary Contact Name: _____ Phone #: _____

Title: _____ Email Address: _____

FINANCIAL INFORMATION

Check one: Supported by individual only [] - by Club dues-paying membership [] - by Sponsorship []

Name of Individual/Club/Sponsor _____

Contact person responsible for payment of league fees _____

If the contact information for this person is not provided above, provide here along with any other relevant information:

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