



**California Youth Soccer
Association, District VII**

4285 N. First Street
Fresno, Ca 93726
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To: All Leagues

From: Diego Haro, District Playing Program Chair

Re: D7 Fall Playing League information to include San Joaquin Valley Playing League Recreation and Competitive Divisions.

For 2023-24 CYSA soccer season, those Leagues wishing to participate in the District wide "Playing League" please fill out the attached application form and forward with the appropriate fee and copy of roster to:

District VII Office, 4285 N. First St., Fresno, CA 93726

Listed below are the age groups eligible to play in the district wide league: Teams that use tryouts need to be registered as competitive. Teams will have a 9 game schedule where brackets permit..

FEES;

U10 \$450.00
U12 \$475.00
U14 \$500.00
U16 \$525.00
U19 \$550.00

Entry into the League will be considered acceptance of the rules

DEADLINE: JULY 15, 2023 TEAMS MUST BE ENTERED INTO GOT SOCCER AND APPLICATION, ROSTER, FEES MUST BE INTO THE DISTRICT 7 OFFICE.

Rosters must contain the minimum number of players according to Cal North Registration protocol, once a team is accepted into the District 7 Playing League, any team withdrawing may forfeit their application fee.

2023-24

DISTRICT VII FALL PLAYING LEAGUE - APPLICATION FORM

COMPETITIVE D7 FALL LEAGUE					
AGE GROUP	BOYS		GIRLS		TOTAL
		LEAGUE		LEAGUE	
U-19					
U-18					
U-17					
U-16					
U-15					
U-14					
U-13					
U-12					
U-11					
U-10					
TOTAL					

RECREATION D7 FALL LEAGUE			
AGE GROUP	BOYS	GIRLS	TOTAL
U-19			
U-16			
U-14			
U-12			
TOTAL			

PLEASE MAIL THIS FORM ALONG WITH TOTAL FEES TO:
DISTRICT VII OFFICE, 4285 N. FIRST ST. FRESNO, CA. 92726

DEADLINE – JULY 15,2023

I, the undersigned League President, understand that missing the deadline may result in ineligibility to participate. Our League agrees to abide by the rules set forth by the DISTRICT 7 BOARD OF DIRECTORS. Any team withdrawing after being accepted may forfeit the application fee.

 League President/Registrar

 League Name

Email: _____

Date: _____