

TARSA

Tampa Area Recreational Scheduling Association
AFFILATE APPLICATION
2009-2010

CLUB NAME: _____

CLUB CODE: ___ - ___
District Club

PRESIDENT: _____

PHONE: _____

E-MAIL: _____

CLUB'S TARSA REPRESENTATIVE:

CLUB REFEREE ASSIGNOR

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

Phone (Day) _____

Phone (Day) _____

Phone (Eve) _____

Phone (Eve) _____

E-mail: _____

E-mail: _____

Fax: _____

SIGNATURE OF CLUB REPRESENTATIVE

**Must have an e-mail address to
contact regarding field scheduling.**

(Signature)

Date: _____

**Mail Club affiliate application and a check (payable to TARSA) in the
amount of (\$50) to:**

TARSA
18909 Edinborough Way
Tampa, FL 33647-1844