

# 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 for the upcoming season.
- Pay all league fees in a timely manner as set forth in the By-Laws of the WPSL.
- We will be subject to suspension for the upcoming season if all league fees are not paid before the start of the AGM.
- 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

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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: