Commitment Payment Rec:
LEAGUE NAME
PRESIDENT'S NAME & NUMBER
COMMISSIONER'S NAME & NUMBER
CHEER COORDINATOR'S NAME & NUMBER
YEARS IN EXISTENCE NUMBER OF TEAMS:
CHEER FOOTBALL
LEAGUE PHONE NUMBER
LEAGUE MAILING ADDRESS
LEAGUE GAME DAY ADDRESS
LEAGUE EMAIL ADDRESS
BY COMPLETING AND SIGNING THIS DOCUMENT I/WE ACKNOWLEDGE THAT ALL INFORMATION STATED IS TRUE AND THAT THE AGREES TO REMAIN AS AN ACTIVE MEMBER OF THE MID-FLORIDA YOUTH CONFERENCE FOR THE 2024 SEASON.
THE ALSO ACKNOWLEDGES THAT BY BREAKING
THIS CONTRACT AGREEMENT, ANY AND ALL FEES OR MONIES DUE TO OUR LEAGUE FROM THE
MID-FLORIDA YOUTH CONFERENCE WILL BE FORFEITED AND A PENALTY FOR THE TERM OF 3
YEARS SHALL OR MUST PASS BEFORE OUR LEAGUE WILL BE ELIGIBLE TO APPLY FOR MEMBERSHIPAGAIN.
LEAGUE PRESIDENT SIGNATURE
COMMISSIONER/CHEER COORDINATOR SIGNATURE
MONTH/DAY/YEAR
MID-FLORIDA YOUTH CONFERENCE PRESIDENT SIGNATURE