

# NORTHERN CINCINNATI YOUTH FOOTBALL LEAGUE

Organizational Letter of Intent 2023

## 1. LETTER OF INTENT

This Letter of Intent (LOI) is designed to solid and affirm intent of participation in the Northern Cincinnati Youth Football League (NCYFL) for the 2023 Season.

## 2. PURPOSE

Setting the NCYFL schedule is labor intensive. In order to have ample time to prepare a schedule, organizations are asked to complete the LOI and submit their fees for the 2023 season prior to the monthly meeting held in May.

## 3. FEES

- > The membership fee for each organization is \$110 per team plus a onetime \$25 league fee, minimum \$635 per organization after 12 teams the fee shall be \$25 per team.
- > Organizations that submit their LOI and check after April 30, 2023 will be assessed a \$25 late fee per team, no maximum.
- > Organizations who submit their LOI and payments prior to the April 30, 2023 deadline may be eligible for the league refund prior to the following season.

## 4. PROPOSED TEAMS AND ORGANIZATIONAL TEAMS

- > Our organization commits to providing the number of teams listed below and agrees to the conditions in Section 3 Fees.
- > Our organization commits to paying a nonrefundable membership fee in accordance with the fee schedule.
- > Our organization commits to providing at least one member representative for each NCYFL League meeting who will keep their organization informed about league business.

***How many teams will your organization be fielding for the 2023 season***

K/1st Grade (7U) \_\_\_\_\_

2nd Grade (8U) \_\_\_\_\_

3rd Grade (9U) \_\_\_\_\_

4th Grade (10U) \_\_\_\_\_

5th Grade (11U) \_\_\_\_\_

6th Grade (12U) \_\_\_\_\_

## 5. AFFIRMATION

By signing below I affirm the intent of the organization I represent to field the above teams in the 2021 season of the NCYFL, and further agree to the stated terms.

I am duly authorized to sign this letter on behalf of my organization.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organizations Legal Name: \_\_\_\_\_

Date: \_\_\_\_\_

### NCYFL USE ONLY

Total Number of Teams: \_\_\_\_\_

Membership Fee: \_\_\_\_\_

Late Fee: \_\_\_\_\_

Total Due: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Check Number: \_\_\_\_\_

Received By: \_\_\_\_\_