**California Soccer Association North**

**Annual League Affiliation Form 2016-2017**

**(Please type or print all information clearly)**

|  |  |  |
| --- | --- | --- |
| Name of League: Click here to enter text.  *Nobre de la Liga:* | | |
| Type of League: Choose an item.  *Tipo de Liga:* | | |
| Estimated Number of Teams:  *Estimation de numero de equipos:* | | |
| Number of Divisions:  *Numero de Divisiones:* Enter number. | Start date of Season 1:  *Fecha que empiezan 1*:  Click here to enter a date. | End date of Season 1:  *Fecha que terminan 1*:  Click here to enter a date. |
| Telephone Number: Enter telephone number.  *Numero de Telefono:* | Fax number: Enter FAX number  *Numero de Fax:* | League email address:  Enter email address |
| League Postal Address: *Direccion de la liga*: Click here to enter address. | | |

**List of League Officers for 2016-2017**

***Por favor, hagan una lista de todos los miembros de su mesa ejecutiva***

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| --- | --- | --- |
| President: Enter name | Home phone:  Enter Home Phone | FAX:  Enter FAX |
| Address:  Enter Address | City:  Enter City | Zip Code:  Enter Zip Code |
| E-Mail Address:  Enter email address | Cell Phone Number:  Enter cell phone number | Work phone:  Enter work phone number |
| Vice-President: Enter name | Home phone:  Enter Home Phone | FAX:  Enter FAX |
| Address:  Enter Address | City:  Enter City | Zip Code:  Enter Zip Code |
| E-Mail Address:  Enter email address | Cell Phone Number:  Enter cell phone number | Work phone:  Enter work phone number |
| Secretary: Enter name | Home phone:  Enter Home Phone | FAX:  Enter FAX |
| Address:  Enter Address | City:  Enter City | Zip Code:  Enter Zip Code |
| E-Mail Address:  Enter email address | Cell Phone Number:  Enter cell phone number | Work phone:  Enter work phone number |
| Secretary: Enter name | Home phone:  Enter Home Phone | FAX:  Enter FAX |
| Address:  Enter Address | City:  Enter City | Zip Code:  Enter Zip Code |
| E-Mail Address:  Enter email address | Cell Phone Number:  Enter cell phone number | Work phone:  Enter work phone number |

**PLEASE LIST ALL OTHER LEAGUE OFFICERS ON THE BACK OF THIS FORM**

*Por favor, hangan una lista de todos los otros miembros de su mesa ejecutiva, usa lo detras de esta oja.*

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| We will abide by the bylaws, rules and regulations of the California Soccer Association North (CSAN) and any such bylaws, rules and regulations hereafter approved by the CSAN Board of Directors. | | FOR OFFICIAL USE ONLY |
| Signature of League Official:Click here to enter text. | Date:Click here to enter a date. | Fees Paid: |
| Signature of League Official:Click here to enter text. | Date: Click here to enter a date. | ReceiptNumber: |