



California Soccer Association North

1346 Silver Ave
 San Francisco, CA 94134
 Phone: 415-467-1881
 www.csan.net

ANNUAL LEAGUE AFFILIATION FORM 2016-2017

Name of league:

Type of league: Competitive Co-ed

Estimated Number of Teams:

Number of Divisions: Start Date of Season 1: End date of Season 1:

Telephone Number: FAX Number: League E-Mail Address:

League Postal Address:

LIST OF LEAGUE OFFICERS FOR 2016-2017

President: Home phone: FAX:
 Address: City: Zip:
 E-Mail Address: Cell phone: Work phone:

Vice-President: Home phone: FAX
 Address: City: Zip:
 E-Mail Address: Cell phone: Work phone:

Secretary: Home phone: FAX
 Address: City: Zip:
 E-Mail Address: Cell phone: Work phone:

Treasurer: Home phone: FAX
 Address: City: Zip:
 E-Mail Address: Cell phone: Work phone:

Please list all other league officers on the back of this form

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.

 Signature of League Official

 Date

 Signature of League Official

 Date

FOR OFFICIAL USE ONLY

Fees Paid _____

Receipt Number _____